

M-200
52-9501
BIRTH NO. 52-23211.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52-9501
Registered No.

1. NAME OF DECEASED (Type or Print) RONALD			2. DATE OF DEATH October 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 415 E. 21th Street 12-14		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —	8. DATE OF BIRTH 9-22-52	9. AGE (In years last birthday) 21	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			11. BIRTHPLACE (State or foreign country) Baltimore		
10B. KIND OF BUSINESS OR INDUSTRY —			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Ben Known			14. MOTHER'S MAIDEN NAME Carrie Bell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Gordon Wel fare Dept		

18. 76801 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Septicemia DUE TO micrococcus pyogenes, var. aureus (hemolytic)	CAUSE OF DEATH (A) Septicemia (B) micrococcus pyogenes, var. aureus (hemolytic) (C)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) — (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D. 10/11/52		

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10-17-52	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem	24D. LOCATION (City, town, or county) (State) A. A. Co Md
DATE RECEIVED BY LOCAL REGISTRAR OCT 17 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS Rayner Sanders	
VS 151 2000 S 4th & Preston St			

100

THE UNIVERSITY OF CHICAGO

1911

5

CHICAGO

C. B. 2

L-535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9502

Registered No.

BIRTH NO.

52 9502

1. NAME OF DECEASED (Type or Print) LEWIS TALMADGE LONDON		2. DATE OF DEATH Oct. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY San Diego	
B. FULL NAME OF (If not in hospital or institution, give street address or location) U.S. Public Health Service Hospital San Pk. Drive & 31st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crisfield 6433	
C. Length of stay in Baltimore ? 11 days Yrs. ? Mos. ? Days ?		D. STREET ADDRESS (If rural, give location) MARINES ROAD	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/22/01
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mate		10B. KIND OF BUSINESS OR INDUSTRY seafarer	
13. FATHER'S NAME William J. Landon		14. MOTHER'S MAIDEN NAME Rissie Obear	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS	

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRONCHOPNEUMONIA due to aspiration of foreign substance DUE TO aspiration of foreign substance		INTERVAL BETWEEN ONSET AND DEATH 24 hrs ??
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Lung - Left DUE TO aspiration of foreign substance		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Oct. 5**, 19**52** to **Oct. 16**, 19**52**, that I last saw the deceased alive on **Oct. 16**, 19**52**, and that death occurred at **m.**, from the causes and on the date stated above.

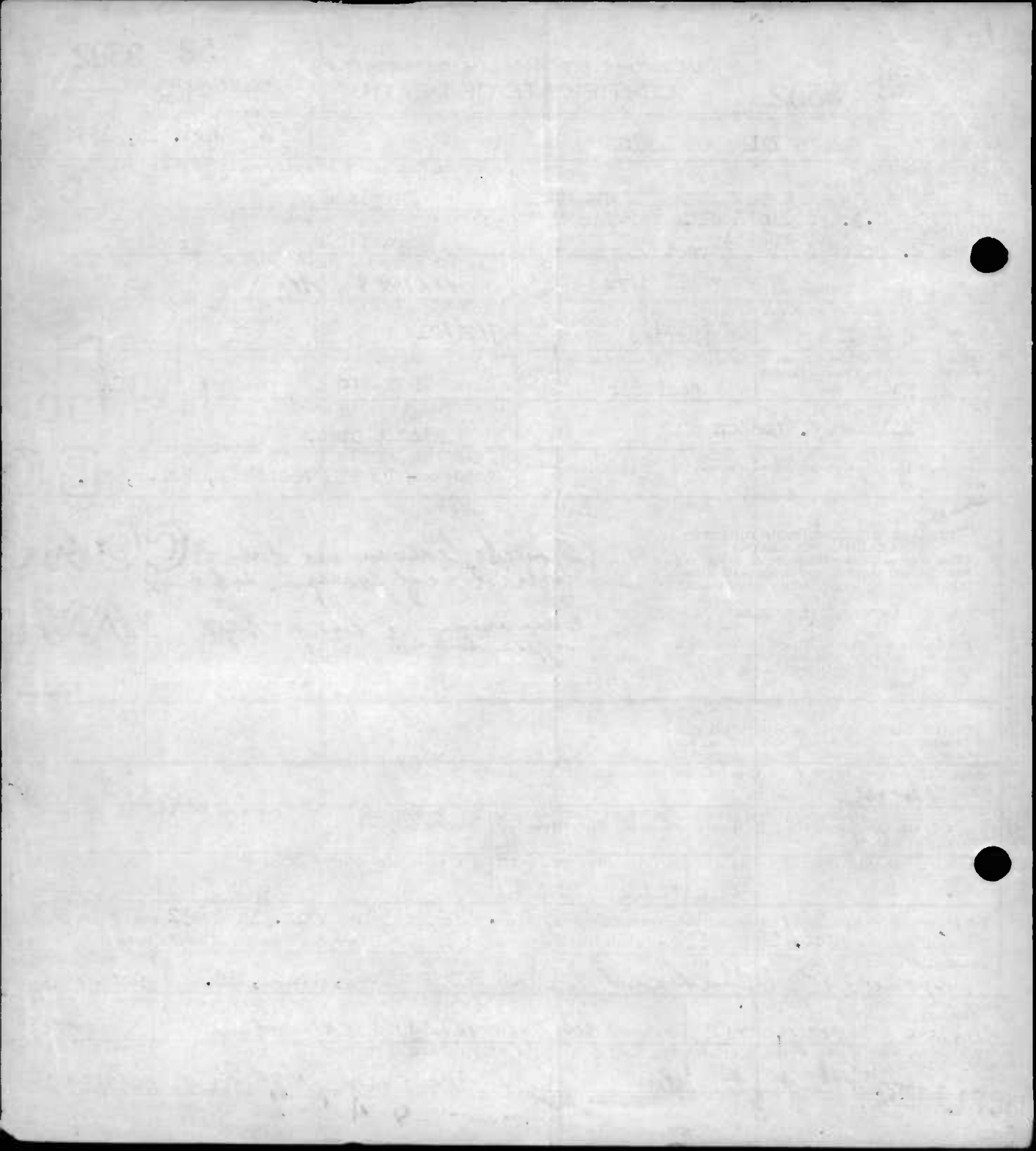
23A. SIGNATURE James E. Richard M.D.		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED OCT-17-52	
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURN		24B. DATE OCT 19 1952		24C. NAME OF CEMETERY OR CREMATORY SUNNYRIDGE CEMETERY		24D. LOCATION (City, town, or county) (State) CRISFIELD MD.	
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DATE RECEIVED BY LOCAL REGISTRAR OCT 17 1952		REGISTRAR'S SIGNATURE Huntington Hill		25. FUNERAL DIRECTOR H. BRADSAW		ADDRESS CRISFIELD MARYLAND	
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95-69350-9497

MEDICAL CERTIFICATION



52 9503

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9503

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Rosie (Rosa) Cooper</i>			2. DATE OF DEATH <i>10-15-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltd. City</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>236 Ashland ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-02</i>		
C. Length of stay in Baltimore <i>31 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1236 Ashland avenue</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Aug. 10, 1893</i>	9. AGE (In years last birthday) <i>59</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Maid</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Hotel</i>	11. BIRTHPLACE (State or foreign country) <i>Portland Va</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>James Stevenson</i>			14. MOTHER'S MAIDEN NAME <i>Mary P</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>Josephine Cherry</i>			ADDRESS <i>1236 Ashland ave</i>		

18. *331X* CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Cerebral tumor bge
(A) _____ DUE TO
(B) _____
(C) _____

INTERVAL BETWEEN ONSET AND DEATH
30 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *1 June, 1952* to *OCT 15, 1952*, that I last saw the deceased alive on *OCT 14, 1952*, and that death occurred at *4:45 PM*, from the causes and on the date stated above.

23A. SIGNATURE *A. E. Bunnell* M. D. 23B. ADDRESS *121 Caiswath St* 23C. DATE SIGNED *10-17-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *10-20-52* 24C. NAME OF CEMETERY OR CREMATORY *Laurel Cmn* 24D. LOCATION (City, town, or county) (State) *Baltimore Md*

DATE RECEIVED BY LOCAL REGISTRAR *OCT 17 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Elroy O. Wilson* ADDRESS *1000 Bunting St*

VS 150

1952 299088490

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH & HUMAN SERVICES
NATIONAL CENTER FOR HUMAN GENETICS
CERTIFICATE OF DEATH

2003 28

[Faint, illegible text and markings on a lined form, likely a death certificate. The text is mirrored and difficult to decipher.]



416

52 9504

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9504
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) SELINA BENNETT FILBERT		2. DATE OF DEATH OCT. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2508 St. Paul Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-06			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2508 St. Paul Street			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 18, 1861		9. AGE (In years last birthday) 91 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Edwin Bennett		14. MOTHER'S MAIDEN NAME Mary Jane Houston			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Edwin B. Filbert, 3525 Newland Ave	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO arteriosclerosis C-U-D DUE TO arteriosclerosis C-U-D DUE TO arteriosclerosis C-U-D		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 M.D.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 1952 , to Oct 16, 1952 , that I last saw the deceased alive on Oct 15, 1952 , and that death occurred at 10:52 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harland Edward Day		23B. ADDRESS 4-E-33rd St Balts 18		23C. DATE SIGNED Oct 17, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/18/52		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.			
DATE RECEIVED BY LOCAL REGISTRAR OCT 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

1520009499

N. E. Day
ast 33rd St.

52 9505

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9505

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John W. Rupp

2. DATE
OF
DEATH

Oct. 15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

28 N. Linwood Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

6-02

D. STREET ADDRESS (If rural, give location)

416 N. Belnod Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Julius Rupp

14. MOTHER'S MAIDEN NAME

Katherine Neubert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. W. Rupp

28 N. Linwood Ave

18. 421.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) terminal pneumonia 3 days

DUE TO Endocarditis 1 ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic myocarditis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPTSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1952 to Oct 15, 1952 that I last saw the deceased alive on Oct 15, 1952, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

B. V. Kelly

M. D.

23B. ADDRESS

100 N. Linwood Ave

23C. DATE SIGNED

Oct 16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct 18/52

Meadow Ridge

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 17 1952

Huntington Williams, M. Philip Herwig Sr

2024 Orleans St.

VS 150

9500

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1913

NAME OF DECEASED <i>John Doe</i>		AGE <i>45</i>	SEX <i>Male</i>	RACE <i>White</i>	DATE OF BIRTH <i>Jan 15 1868</i>	PLACE OF BIRTH <i>New York City</i>
RESIDENCE <i>123 Main St New York City</i>		OCCUPATION <i>Teacher</i>		CAUSE OF DEATH <i>Heart Disease</i>		
DATE OF DEATH <i>Dec 10 1913</i>		PLACE OF DEATH <i>Home</i>		SIGNATURE OF DECEASED <i>John Doe</i>		
SIGNATURE OF NEXT OF KIN <i>John Doe</i>		SIGNATURE OF PHYSICIAN <i>Dr. Smith</i>		SIGNATURE OF REGISTRAR <i>John Doe</i>		
DATE OF REGISTRATION <i>Dec 15 1913</i>		PLACE OF REGISTRATION <i>New York City</i>		OFFICIAL SEAL <i>State of New York</i>		

60
52 9506BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9506
Registered No.

1. NAME OF DECEASED (Type or Print) EDWARD BOZIER		2. DATE OF DEATH October 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 7-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 12 yrs.		D. STREET ADDRESS (If rural, give location) 922 Rutland Avenue	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1914
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10B. KIND OF BUSINESS OR INDUSTRY WILL CALL IN INDUSTRY	9. AGE (In years last birthday) 38
13. FATHER'S NAME Rufus Bozier		11. BIRTHPLACE (State or foreign country) Sumpter S. C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Elizabeth?	
16. SOCIAL SECURITY NO.		17. INFORMANT Bertha Bozier-922 Rutland	
17. ADDRESS		12. CITIZEN OF WHAT COUNTRY?	

18. **E 914.3**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Electrocution**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Building		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Coolidge Avenue, Halethorpe 5300	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct. 16, 1952 2:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Hit high tension wire	

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William C. Booth		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Oct. 17, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct 20/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	
24D. LOCATION (City, town, or county) (State) A.G. County, Md.		25. FUNERAL DIRECTOR Mrs. Doherty Ellis & Daugherty		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR OCT 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. ADDRESS	

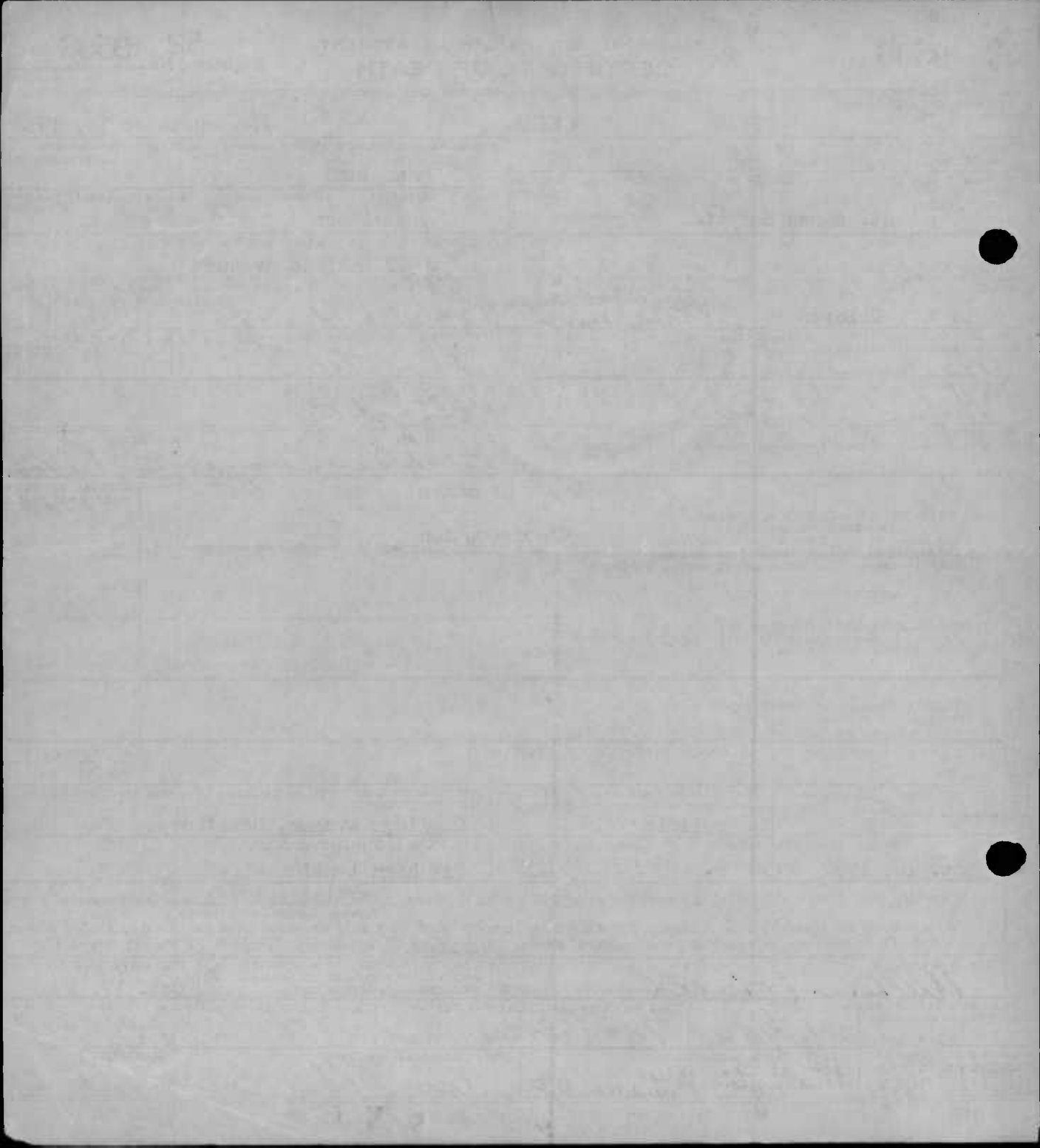
VS 151

N 992 X

55499

N 9925

Caroline St



500
52 9507

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9507
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Eileen Grace Kane</i>		2. DATE OF DEATH <i>Oct. 17, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>27-11</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospital for the Women of Maryland</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>4415 Underwood Rd.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Therapist</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Sheppard Pratt Hospital</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>
13. FATHER'S NAME <i>Maurice William Kane</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Maurice William Kane</i>		ADDRESS <i>4415 Underwood Rd.</i>	

18. <i>057.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Thrombocytopenic purpura</i> DUE TO	CAUSE OF DEATH <i>Thrombocytopenic purpura</i> (A) _____ <i>Meningococcemia</i> DUE TO (B) _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>36 hrs</i> <i>50 hrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

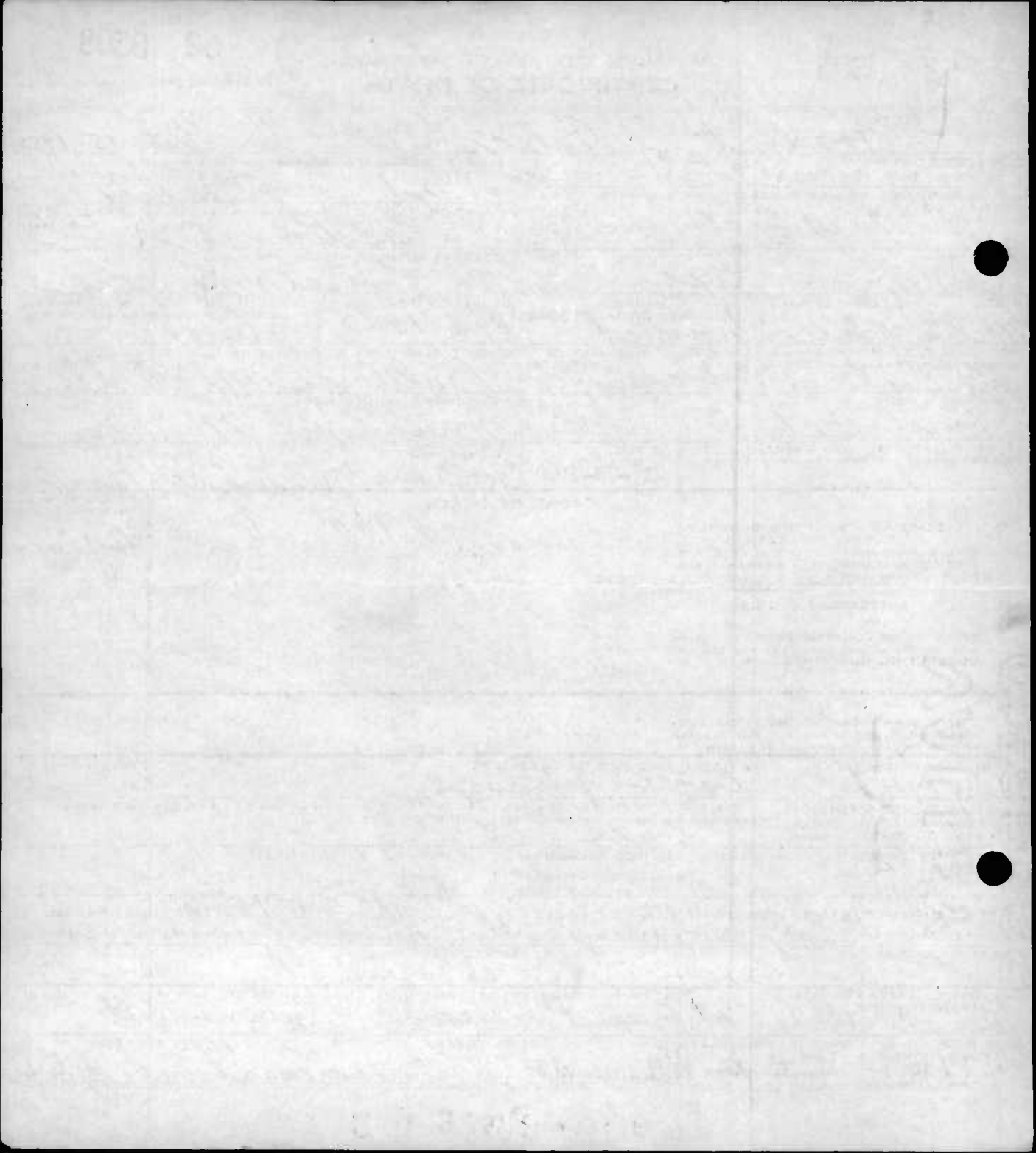
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 15</i> , 1952, to <i>Oct 16</i> , 1952, that I last saw the deceased alive on <i>Oct 16</i> , 1952, and that death occurred at <i>1 a.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Walter Heard Reinman</i>		23B. ADDRESS <i>Woman's Hospital</i>		23C. DATE SIGNED <i>Oct 17 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 18, 52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>John A. Moran</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 17 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS <i>3000 E. Balto. St.</i>	

195099-889502

362
52 9508BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9508
Registered No. _____

BIRTH NO. _____			2. DATE OF DEATH <i>Oct 15 1952</i>		
1. NAME OF DECEASED (Type or Print) <i>Herbert E. Peters</i>					
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2814 Strathmore Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore City</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2814 Strathmore Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-03</i>		
C. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2814 Strathmore Ave</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>8/8/1880</i>	9. AGE (In years last birthday) <i>72</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Self Employed</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Body & Spring Co</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Henry Peters</i> (M)		14. MOTHER'S MAIDEN NAME <i>Josephine Markley</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <i>216-05-9100</i>		17. INFORMANT <i>Mrs. Bessie M. Peters</i> ADDRESS <i>2814 Strathmore Ave</i>			
18. <i>181X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cancer of Bladder</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH <i>Cancer of Bladder</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>4 years</i>		
19. DATE OF OPERATION <i>Aug 1948</i>		19B. MAJOR FINDINGS OF OPERATION <i>Cancer of Bladder</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 15 1948</i> to <i>Oct 15 1952</i> , that I last saw the deceased alive on <i>Oct 14 1952</i> and that death occurred at <i>6:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gandy</i>		23B. ADDRESS <i>5706 Harford Rd</i>		23C. DATE SIGNED <i>10-14-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/18/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Prospect Hill Cem</i>	
24D. LOCATION (City, town, or county) <i>Towson Md</i>		24E. FUNERAL DIRECTOR <i>E Miller Lamoreau</i>		24F. ADDRESS <i>Liberty Hg to Gr</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 17 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>E Miller Lamoreau</i>	

1952 290359503



652
2 9509

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9509
Registered No.

1. NAME OF DECEASED (Type or Print) FEODOR PARANYUK		2. DATE OF DEATH OCT. 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3801 PINWOOD AVE.		4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) B. COUNTY MARYLAND	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3801 PINWOOD AVE.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 15, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR		10B. KIND OF BUSINESS OR INDUSTRY CLOTHING	9. AGE (In years last birthday) 66
11. BIRTHPLACE (State or foreign country) RUSSIAN		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME PARANYUK		14. MOTHER'S MAIDEN NAME NOT KNOW	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. 212-03-9095	
17. INFORMANT MRS. HELEN PARANYUK		ADDRESS 3801 PINWOOD AVE	
18. 42010 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Heart Disease OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 7			INTERVAL BETWEEN ONSET AND DEATH 1 hour
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1951 to October , 1952, that I last saw the deceased alive on Oct 11 , 1952, and that death occurred at 7 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE J. A. Greblianchuk		23B. ADDRESS Brookside Arts Bldg	23C. DATE SIGNED 10/11/52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE OCT. 18-52	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	24D. LOCATION (City, town, or county) (State) 4430 BELAIR ROAD
DATE RECEIVED BY LOCAL REGISTRAR OCT 18 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. A. Greblianchuk Jr	
ADDRESS 5180 E. Pratt St.			

MEDICAL CERTIFICATION

1900

NEW YORK STATE OF DEATH

1900

Feodor Parnik
201 Pine Street
New York

Feodor Parnik
201 Pine Street
New York

Mr. & Mrs. Mark
Feodor Parnik
201 Pine Street
New York

Feodor Parnik
201 Pine Street
New York

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9510

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Morris, Mr Laura		2. DATE OF DEATH 10-17-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION Church Home and Hospital Dundalk		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk	
c. Length of stay in Baltimore 8 years		d. STREET ADDRESS (If rural, give location) 2994 1/2 York Way	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Sept. 24, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Mye Mr John		14. MOTHER'S MAIDEN NAME Guestwright Mr Ellen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr Richard Norri		ADDRESS 73 Dundalk Ave	

18. **331X** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Cerebral Hemorrhage
CAUSE OF DEATH
(A) DUE TO
INTERVAL BETWEEN ONSET AND DEATH **14 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 10-17-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH No		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-9-52** to **10-17-52**, 19**52** that I last saw the deceased alive on **10-17-52**, 19**52** and that death occurred at **2:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **[Signature]** 23B. ADDRESS **Church Home and Hospital** 23C. DATE SIGNED **10-17-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 10/18/52	24C. NAME OF CEMETERY OR CREMATORY Charchville	24D. LOCATION (City, town, or county) (State) Oberlin Pa.
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DATE RECEIVED BY LOCAL REGISTRAR **OCT 18 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Wm. Cook Inc.** ADDRESS **1217 St. Paul St.**

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9511
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Cooper, Gertrude (Augusta G. Cooper)		2. DATE OF DEATH 10-13-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
6. Length of stay in Baltimore 1 yr.		D. STREET ADDRESS (If rural, give location) 2075 Rock Rose Ave.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH July 25, 1873	9. AGE (In years last birthday) 79	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Albert F. Saulsberry (D)		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Hughes (D)	
17. INFORMANT		ADDRESS Records: B. C. H. 4940 Eastern Ave.			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Myocardial Infarction DUE TO (A) Arteriosclerotic cardio-vascular disease DUE TO (B) (C)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 6 hrs. hrs.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-19- , 19 52 , to 10-13- , 19 52 , that I last saw the deceased alive on 10-13- , 19 52 , and that death occurred at 1:00P m., from the causes and on the date stated above.					
23A. SIGNATURE H. C. Johns Doe		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 10-13-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 10/18/52		24C. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Wm Cook, Inc.		ADDRESS 1217 St. Paul Street	

MEDICAL CERTIFICATION

1952 OCT 18 1952

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

THE DEATH OF

1911-12

George Harrison (son)

Infant

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9512
Registered No. _____

BIRTH NO. _____				1. NAME OF DECEASED (Type or Print) Fischer, Charles Otto				2. DATE OF DEATH 10-16-52			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____				2504			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore							
c. Length of stay in Baltimore life				D. STREET ADDRESS (If rural, give location) 4201 Townsend Ave. City 25							
5. SEX M		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 4, 1882		9. AGE (In years last birthday) 70		If Under 1 Year Months: _____ Days: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Maintenance Man				10B. KIND OF BUSINESS OR INDUSTRY Md. Trust Co.				11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13. FATHER'S NAME (D) August W. Fischer				14. MOTHER'S MAIDEN NAME (D) Mary Andree							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				16. SOCIAL SECURITY NO. 219-07-4510		17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Ave.					
18. 421.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia Bit.				CAUSE OF DEATH Pneumonia Bit.				INTERVAL BETWEEN ONSET AND DEATH 2 days			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Mark Mitral Stenosis											
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
D. TIME (Month) (Day) (Year) (Hour) INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-15- , 19 52 to 10-16- , 19 52 , that I last saw the deceased alive on 10-16- , 19 52 , and that death occurred at 3:40Pm. , from the causes and on the date stated above.											
23A. SIGNATURE H. C. Johnson				23B. ADDRESS 4940 Eastern Ave.				23C. DATE SIGNED 10-17-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 10/18/52		24C. NAME OF CEMETERY OR CREMATORY Western Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland					
DATE RECEIVED BY LOCAL REGISTRAR OCT 18 1952		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street					

MEDICAL CERTIFICATION

7/9 507

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Race	
4. Date of Birth		5. Date of Death		6. Place of Birth	
7. Usual Residence		8. Cause of Death		9. Manner of Death	
10. Signature of Physician		11. Signature of Registrar		12. Signature of Informant	
13. Date of Entry		14. Place of Entry		15. Office of Entry	
16. Name of Informant		17. Relationship to Deceased		18. Signature of Informant	
19. Date of Informant's Statement		20. Place of Informant's Statement		21. Office of Informant's Statement	
22. Name of Informant's Physician		23. Signature of Informant's Physician		24. Date of Informant's Physician's Statement	
25. Name of Informant's Hospital		26. Signature of Informant's Hospital		27. Date of Informant's Hospital's Statement	
28. Name of Informant's Funeral Home		29. Signature of Informant's Funeral Home		30. Date of Informant's Funeral Home's Statement	
31. Name of Informant's Burial Place		32. Signature of Informant's Burial Place		33. Date of Informant's Burial Place's Statement	
34. Name of Informant's Cemetery		35. Signature of Informant's Cemetery		36. Date of Informant's Cemetery's Statement	
37. Name of Informant's Grave		38. Signature of Informant's Grave		39. Date of Informant's Grave's Statement	
40. Name of Informant's Interment		41. Signature of Informant's Interment		42. Date of Informant's Interment's Statement	
43. Name of Informant's Burial		44. Signature of Informant's Burial		45. Date of Informant's Burial's Statement	
46. Name of Informant's Burial		47. Signature of Informant's Burial		48. Date of Informant's Burial's Statement	
49. Name of Informant's Burial		50. Signature of Informant's Burial		51. Date of Informant's Burial's Statement	
52. Name of Informant's Burial		53. Signature of Informant's Burial		54. Date of Informant's Burial's Statement	
55. Name of Informant's Burial		56. Signature of Informant's Burial		57. Date of Informant's Burial's Statement	
58. Name of Informant's Burial		59. Signature of Informant's Burial		60. Date of Informant's Burial's Statement	
61. Name of Informant's Burial		62. Signature of Informant's Burial		63. Date of Informant's Burial's Statement	
64. Name of Informant's Burial		65. Signature of Informant's Burial		66. Date of Informant's Burial's Statement	
67. Name of Informant's Burial		68. Signature of Informant's Burial		69. Date of Informant's Burial's Statement	
70. Name of Informant's Burial		71. Signature of Informant's Burial		72. Date of Informant's Burial's Statement	
73. Name of Informant's Burial		74. Signature of Informant's Burial		75. Date of Informant's Burial's Statement	
76. Name of Informant's Burial		77. Signature of Informant's Burial		78. Date of Informant's Burial's Statement	
79. Name of Informant's Burial		80. Signature of Informant's Burial		81. Date of Informant's Burial's Statement	
82. Name of Informant's Burial		83. Signature of Informant's Burial		84. Date of Informant's Burial's Statement	
85. Name of Informant's Burial		86. Signature of Informant's Burial		87. Date of Informant's Burial's Statement	
88. Name of Informant's Burial		89. Signature of Informant's Burial		90. Date of Informant's Burial's Statement	
91. Name of Informant's Burial		92. Signature of Informant's Burial		93. Date of Informant's Burial's Statement	
94. Name of Informant's Burial		95. Signature of Informant's Burial		96. Date of Informant's Burial's Statement	
97. Name of Informant's Burial		98. Signature of Informant's Burial		99. Date of Informant's Burial's Statement	
100. Name of Informant's Burial		101. Signature of Informant's Burial		102. Date of Informant's Burial's Statement	

436
52 9513BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9513
Registered No.

1. NAME OF DECEASED (Type or Print) Pearl Walters			2. DATE OF DEATH 10-16-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) ELLICOTT CITY		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) FREDERICK PIKE 5300		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3/6/01	9. AGE (in years last birthday) 51	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Thomas Windsor		14. MOTHER'S MAIDEN NAME Catherine Myers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS ROBERT O. WALTERS ELLICOTT CITY, MD.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Acute myocardial infarction DUE TO (B) Hypertensive cardiovascular disease DUE TO (C) 3 hrs. INTERVAL BETWEEN ONSET AND DEATH 3 hrs.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-16 , 19 52 , to 10-16 , 19 52 , that I last saw the deceased alive on 10-16 , 19 52 , and that death occurred at 10:20 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Donald A. Waffel		23B. ADDRESS University Hospital		23C. DATE SIGNED 10-16-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/20/52		24C. NAME OF CEMETERY OR CREMATORY St. Johns, Conn. Ellicott City, Md.	
24D. LOCATION (City, town, or county) (State) Ellicott City, Md.		24E. NAME OF CEMETERY OR CREMATORY St. Johns, Conn. Ellicott City, Md.		24F. LOCATION (City, town, or county) (State) Ellicott City, Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, Md.		25. FUNERAL DIRECTOR ADDRESS Easton Sons Ellicott City, Md.	

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

460
2, 9514
BIRTH NO.

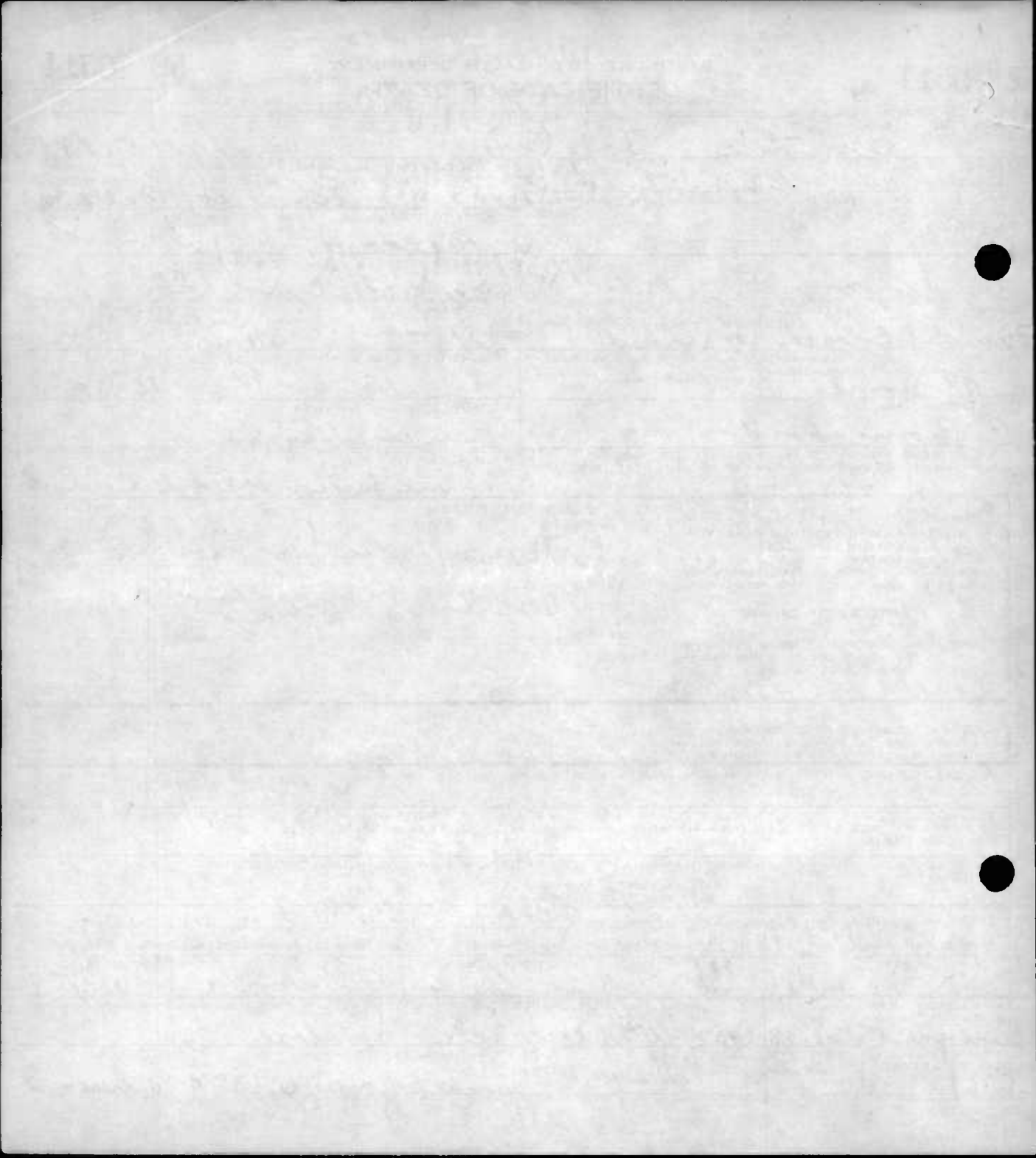
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9514
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Smithie Taylor</i>			2. DATE OF DEATH <i>10.15.1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>102 N. Gilman St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>B. COUNTY</i> <i>102 N. Gilman St. Balto. md</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 19-00</i>		
C. Length of stay in Baltimore <i>17 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>102 N. Gilman St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH	9. AGE (In years last birthday) <i>54 yrs</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>St. Anne</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Va</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		
13. FATHER'S NAME <i>Anthony Ford</i>			14. MOTHER'S MAIDEN NAME <i>Nancy Haggen</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Louise Taylor</i>			ADDRESS <i>102 N. Gilman St</i>		

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Arteriosclerotic Cardio-vascular Disease</i> DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Feb. 10, 1952</i> , to <i>Oct. 15, 1952</i> , that I last saw the deceased alive on <i>Oct. 15, 1952</i> , and that death occurred at <i>9 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Ralph W. Holling</i>		23B. ADDRESS <i>426 N. Gilman St</i>		23C. DATE SIGNED <i>10/17/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct. 18, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Whaleyville</i>	24D. LOCATION (City, town, or county) (State) <i>Va.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 18 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>James C. Hayes</i>		ADDRESS <i>638 N. Gilman St</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9515
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>George W. Stewart</i>		2. DATE OF DEATH <i>10-16-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>625 Archer St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>B. COUNTY</i> <i>625 Archer St. Balto. Md</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 21-06</i>			
c. Length of stay in Baltimore <i>5-8 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>625 Archer St</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec 24, 1874</i>		9. AGE (In years last birthday) <i>78</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labourer</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Va</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13. FATHER'S NAME <i>Burrell Stewart</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Bradford</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Sarah L. Stewart, 625 Archer St</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic Coronary</i>		(B) <i>Artery Disease</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-16</i> , 19 <i>52</i> , to <i>10-16</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>10-16</i> , 19 <i>52</i> , and that death occurred at <i>8 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John P. Uluck, Jr</i>		M. O. <i>1227 Wash Blvd</i>		23B. ADDRESS <i>1227 Wash Blvd</i>	
23C. DATE SIGNED <i>10-17-52</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 19, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D</i>		25. FUNERAL DIRECTOR ADDRESS <i>James A. Stays, 638 N. Gilman St</i>	

TO : DIRECTOR, FBI (100-371101)
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]
[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a multi-paragraph memorandum or letter.]

500
9516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9516

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Eileen Nancy Zahn</i>		2. DATE OF DEATH <i>Oct 17, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN <i>Baltimore</i> D. STREET ADDRESS (If rural, give location) <i>233 Westmore Rd #24</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>		5. SEX <i>F.</i> 6. COLOR OR RACE <i>W</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>			
C. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH <i>Apr. 1, 1946</i>		9. AGE (In years last birthday) <i>6.</i> If Under 1 Year: Months Days If Under 24 Hours: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>never worked</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
13. FATHER'S NAME <i>Edwin L. Zahn.</i>		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT		ADDRESS			

18. <i>591 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Chronic parenchymatous nephritis</i> DUE TO <i>Uremia.</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 26, 1952</i> to <i>Oct 17, 1952</i> that I last saw the deceased alive on <i>Oct 17, 1952</i> and that death occurred at <i>2:30</i> am., from the causes and on the date stated above.					
23A. SIGNATURE <i>Alfred J. Narcine</i>		23B. ADDRESS <i>Mercy Hospital</i>		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/20/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Tichenor & Sons</i>		ADDRESS	

8529

52

DATE: 1954
TO: [illegible]

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 9517

540
2 9517
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANK J. KNELL			2. DATE OF DEATH Oct. 16, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 28-04		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 608 Winans Way			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 608 Winans Way		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 31, 1874		9. AGE (In years last birthday) 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor-self empl.		10B. KIND OF BUSINESS OR INDUSTRY Plumbing and Heating	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Benjamin Knell			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Bernard Knell - 608 Winans Way		

18. 332X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis Cerebral Thrombosis Uremia		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) Myocarditis			
DUE TO (B) Cerebral Thrombosis			
DUE TO (C) Uremia			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June , 19 <u>49</u> , to Oct 16 , 19 <u>52</u> , that I last saw the deceased alive on Oct 16, 1952 , and that death occurred at 7¹⁵ m., from the causes and on the date stated above.					
23A. SIGNATURE N. E. Needle		23B. ADDRESS 4215 - Park Heights Bldg		23C. DATE SIGNED 10/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/20/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) Balto. Md.					
DATE RECEIVED BY LOCAL REGISTRAR OCT 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons	
VS 150		Salts. 17, Md.			

MEDICAL CERTIFICATION

STATE OF NEW YORK
IN SENATE
January 10, 1912.

MF

525
52 9518BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9518

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John D. Monson SR.

2. DATE
OF
DEATH

10-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto., Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.

Mos.

Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Pipe fitter

Sugar Refinery

13. FATHER'S NAME

Albert Monson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1122 E. Fort Ave.

8. DATE OF BIRTH

3-3-06

9. AGE (in years
last birthday)

46

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Delia Gleason

17. INFORMANT

ADDRESS

Daisy R. Monson 1122 E. Fort Ave

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pneumonia, b. lateral

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Acute Bacteria Endocarditis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1952 to Oct 17, 1952, that I last saw the
deceased alive on 10/17, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

W. W. Bouway

M. D.

South Baltimore Genl Hosp

10/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Oct 20, 1952

Mt Olivet Cem

Balto

Jm

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

1400 S Charles St

VS 150

3594479 513

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

52 9519

BIRTH NO.

1. NAME OF DECEASED
 (Type or Print)

VICTORIA

PRIDGET

2. DATE
 OF
 DEATH

Oct. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Bell's City*

B. FULL NAME OF HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1208 Short Court

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 13, 1952

9. AGE (In years last birthday)

11 Under 1 Year Months Days 1 5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Pridget

14. MOTHER'S MAIDEN NAME

Rose Smothers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS William Pridget 1208 Short Ct

CAUSE OF DEATH

1B. 053,3

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Interstitial pneumonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. H. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Oct. 16, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-18-1952

24C. NAME OF CEMETERY OR CREMATORY

mt calvary cem.

24D. LOCATION (City, town, or county)

Brooklyn md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Chicago Wilson

ADDRESS

1000 Beauty ave

STATE OF TEXAS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9520**

420
9520
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elisabeth Flock			2. DATE OF DEATH 10. 15. 52.		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE _____ B. COUNTY _____		
5. FULL NAME OF (If not in hospital or institution, give street address or location) Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township) Baltimore 20-08		
6. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 250 S. Monastery Ln		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH October 9th 1874	9. AGE (in years last birthday) 78	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) St. Pernie		10B. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME Casper Flock			14. MOTHER'S MAIDEN NAME Helene Lehman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ✓		16. SOCIAL SECURITY NO. ✓	17. INFORMANT ADDRESS Agnes Weber 250 S. Monastery Ln		
18. 197X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Generalized sarcomatosis DUE TO (B) Primary Tumor on Psoas muscle DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9. 19 , 19 52 to 10. 15 , 19 52 ; that I last saw the deceased alive on 10. 15 , 19 52 and that death occurred at 9:30 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Morris Goldberg M.D.			23B. ADDRESS Sinai Hospital Balto. Md.		23C. DATE SIGNED 10. 16. 52.
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE October 18, 1952		24C. NAME OF CEMETERY OR CREMATORY Landon Park	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR ADDRESS W. H. Himmatt, 1300 Eastern Place			

MEDICAL CERTIFICATION

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CERTIFICATE OF SALE

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9521
Registered No.

2 copies 400 52 9521 BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Anderson Lilly</i>		2. DATE OF DEATH <i>Oct. 14, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1729 Gwynns Falls Pkwy</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write R.U.L. and give township) <i>BALTIMORE 13-04</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1729 Gwynns Falls Pkwy.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-17-77</i>		9. AGE (in years last birthday) <i>75</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>North Carolina</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Anderson Lilly</i>		14. MOTHER'S MAIDEN NAME <i>Alice ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>212-25-3377</i>		17. INFORMANT ADDRESS <i>Louise Lilly 1729 Gwynns Falls Pkwy</i>	
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Arteriosclerosis & Hypertension</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept. 9, 1952</i> to <i>Oct. 14, 1952</i> that I last saw the deceased alive on <i>Oct. 14, 1952</i> , and that death occurred at <i>11:52 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>C. Mansell Lawrence</i>		23B. ADDRESS <i>1033 W. Lombard St.</i>		23C. DATE SIGNED <i>10/16/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 19, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>A.A.C. Md</i>		25. FUNERAL DIRECTOR <i>Huntington Williams</i>		ADDRESS <i>1515 McElderry St</i>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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52 9522
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9522

1. NAME OF DECEASED (Type or Print) Kreider, Willus H.			2. DATE OF DEATH October 17, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1350 N. Washington Street			E. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
F. LENGTH OF STAY IN BALTIMORE			G. DATE OF BIRTH Sept. 13, 1892		
H. SEX Male			I. AGE (In years last birthday) 60		
J. COLOR OR RACE White			K. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		
L. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Helper			M. KIND OF BUSINESS OR INDUSTRY Beth. Steel		
N. FATHER'S NAME August Kreider			O. MOTHER'S MAIDEN NAME Laura Origel		
P. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			Q. SOCIAL SECURITY NO. 213-09-0817		
R. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			S. INFORMANT Edna M. Kreider		
T. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1 and 151X Coronary thrombosis			U. ADDRESS 1350 N. Washington St.		
V. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Adenocarcinoma of stomach			W. INTERVAL BETWEEN ONSET AND DEATH		
X. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Y. CAUSE OF DEATH		
Z. DATE OF OPERATION October 11, 1952			AA. MAJOR FINDINGS OF OPERATION Massive adenocarcinoma of stomach		
AB. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			AC. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
AD. TIME (Month) (Day) (Year) (Hour) OF INJURY			AE. HOW DID INJURY OCCUR?		
AF. I hereby certify that I attended the deceased from September 28 1952 to October 17, 1952, that I last saw the deceased alive on Oct. 17, 1952, and that death occurred at 10:05m. from the causes and on the date stated above.			AG. SIGNATURE J. D. Reiff		
AH. ADDRESS 1100 N. Caroline St.			AI. DATE SIGNED Oct. 17, 1952		
AJ. BURIAL, CREMATION, REMOVAL (Specify)			AK. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery North Ave Balto. Md.		
AL. DATE RECEIVED BY LOCAL REGISTRAR OCT 18 1952			AM. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
AN. FUNERAL DIRECTOR J. C. Miller Inc. 2435 E. Oliver St			AO. ADDRESS		

5516

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UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON

SPECIAL AGENT

IN CHARGE

OF THE BUREAU

OF THE BUREAU OF PLANT INDUSTRY

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526
52 9523 52-24526BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9523

1. NAME OF DECEASED
(Type or Print)

John Andrew Panzer, JR.

2. DATE
OF
DEATH

10/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore, Ind. 6-03

D. STREET ADDRESS (If rural, give location)

3577 Dudley Ave.

C. Length of stay in Baltimore

- Yrs.
- Mos.
4 Days

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

s

8. DATE OF BIRTH

10/14/5-

9. AGE (In years, if Under 1 Year last birthday; Months; Days; Hours; Min.)

4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Andrew Panzer

14. MOTHER'S MAIDEN NAME

Hazel Muller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John A. Panzer, 3577 Dudley Ave.

18. 773.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Congenital Cyanosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Cause Undetermined

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/14, 1952, to 10/18, 1952, that I last saw the deceased alive on 10/17, 1952, and that death occurred at 12:45 am., from the causes and on the date stated above.

23A. SIGNATURE

Reese Downey

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

10/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

10-18-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Belair Rd.

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

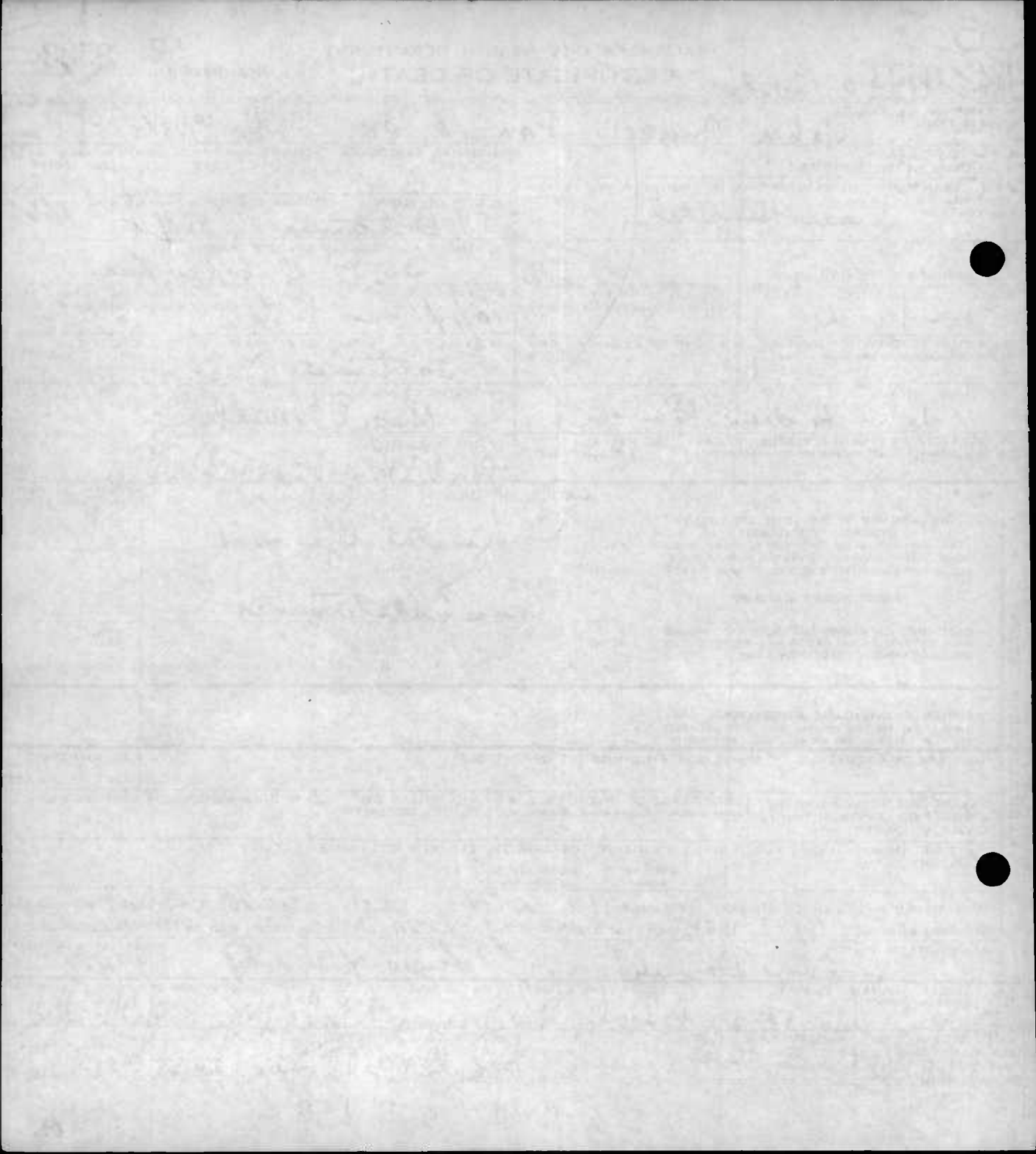
Huntington Williams, M.D.

25A. FUNERAL DIRECTOR

John C. Miller, Inc. - 2435 E. Olney

ADDRESS

2435 E. Olney



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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9524

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Eva Butler</i>			2. DATE OF DEATH <i>10/16/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>MD</i>			5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Reynold St</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hospital of Md. Inc.</i>			D. STREET ADDRESS (If rural, give location) <i>1467 Reynold St</i>			6. Length of stay in Baltimore <i>65 yrs</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH		9. AGE (In years last birthday) <i>67</i>			10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>West Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT			ADDRESS		

MEDICAL CERTIFICATION

18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Pyelonephritis</i> DUE TO (B) <i>Hemorrhagic cystitis</i> DUE TO (C) <i>Diabetes</i> <i>coronary insufficiency</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i> <i>1 month</i>
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19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9/25/52*, 19*52*, to *10/16*, 19*52*, that I last saw the deceased alive on *10/16*, 19*52*, and that death occurred at *9:00* a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>August Soarsar</i>	23B. ADDRESS <i>Lutheran Hosp. of Md.</i>	23C. DATE SIGNED <i>10/16/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10/20/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 18 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Charles F. Dill</i>	ADDRESS <i>1501 E. Fort Ave.</i>
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DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1961



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52 9525BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9525
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard Lee La Mar

2. DATE
OF
DEATH Oct. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland I918 Eutaw Place

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE Md. B. COUNTY Before admission)C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
I918 Eutaw Place

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH

Feb. 16, 1871

9. AGE (in years
last birthday)

80

10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Payroll Clerk (Ret) Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

Frederick County

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. Kemp La Mar

14. MOTHER'S MAIDEN NAME

Annie Belle Cromwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218-09-9361 Eugene H. La Mar Collingdale, Pa.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardio-Vascular
Disease

2 Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1951, to Oct 15, 1952, that I last saw the
deceased alive on Oct 15, 1952, and that death occurred at 11:30 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Oct. 18, 1952

Druid Ridge

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 18 1952

Huntington Williams, M.D.

G. Howard Strong 3207 W. North Ave.

4418 Norwood Rd.

J. Emmett Queen

530
2 9526BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9526

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES Smith

2. DATE
OF
DEATH

October 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

308 S. SMALLwood St.

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

308 S. SMALLwood ST.

C. Length of stay in Baltimore

39 YRS.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MALE

white

MARRIED

8. DATE OF BIRTH

Oct. 23, 1887

9. AGE (In years last birthday)

64

If Under 1 Year

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STATIONARY ENGINEER

10B. KIND OF BUSINESS OR INDUSTRY

HOTEL

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Whittaker Smith

14. MOTHER'S MAIDEN NAME

Sophia Rushton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

YES

1909-1913

16. SOCIAL SECURITY NO.

212-05-8423

17. INFORMANT

ADDRESS

Florence Smith 308 S. SMALLwood ST.

1B. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary thrombosis

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

arteriosclerosis

2 yrs

DUE TO

(C)

none

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1951, to Oct. 17, 1952, that I last saw the deceased alive on 10/14/52, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL

Oct. 20, 1952

BALTIMORE NATIONAL

BALTIMORE, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 18 1952

Huntington Williams, M.D.

George L. Schwab 2101 Frederick Ave.

VS 150

1952 OCT 18 5838B

Ave.

MEDICAL CERTIFICATION

1950 50

10722 737

W. D. E. A.
K. O. K. A. M.
BOND

W. D. E. A.
K. O. K. A. M.
BOND

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9527**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RANDOLPH		2. DATE OF DEATH October 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1016 Linden Avenue			
5. LENGTH OF STAY IN BALTIMORE 30 yrs.			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 6, 1912
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY City of Baltimore	9. AGE (In years last birthday) 40
13. FATHER'S NAME Gervie Childs		11. BIRTHPLACE (State or foreign country) Columbia, S. C.	
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS Mrs. Mattie L. Childs-1016 Linden Ave	
16. SOCIAL SECURITY NO.			

18. E816.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture (A) XXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Contusion of brain (B) XXXXX		
(C) Compound comminuted fracture of both tibia and fibula		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

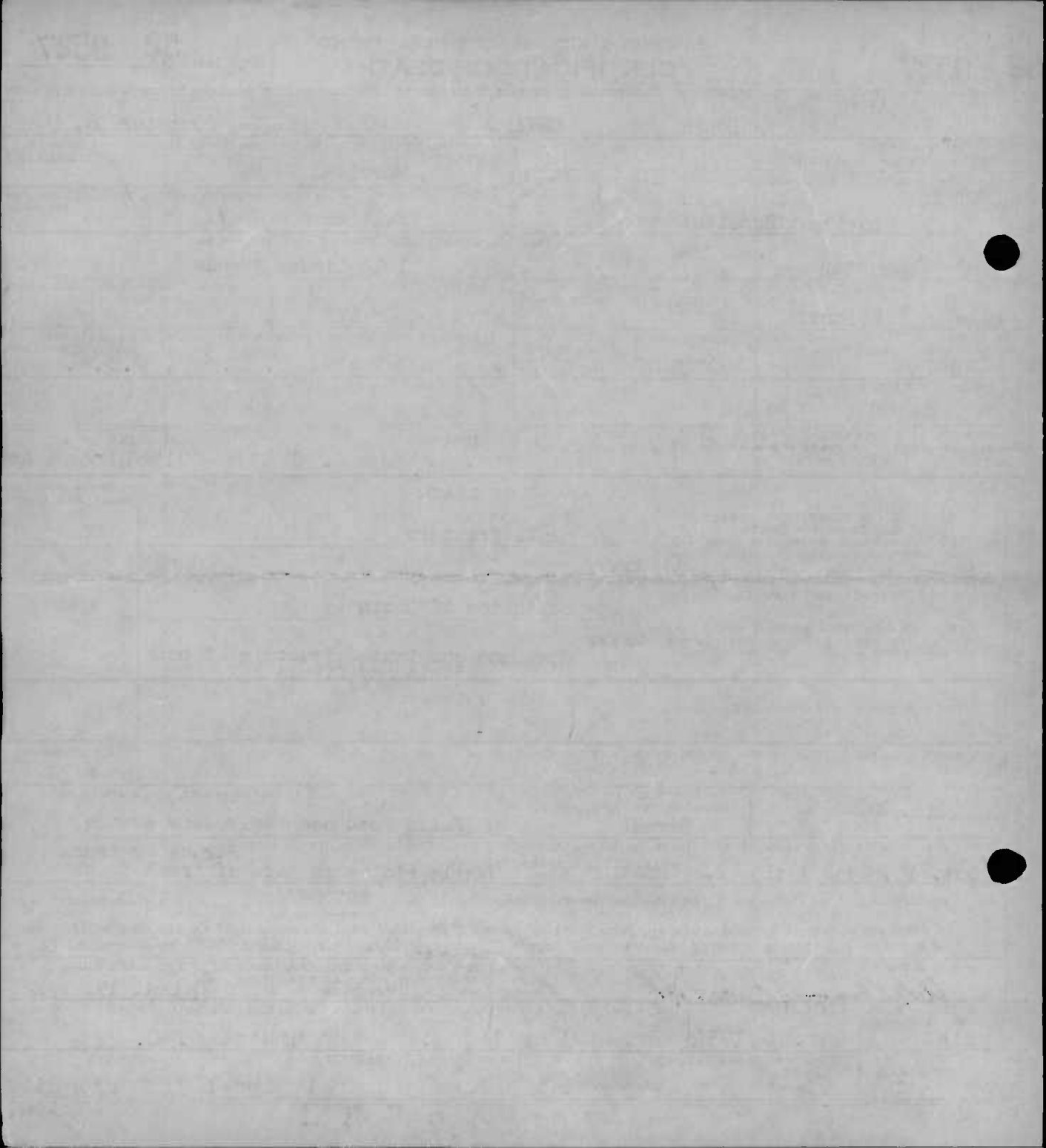
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Falls Road near Belvedere Avenue		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct. 16, 1952 3:15 P.m.	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? Struck by truck while riding on back of trash truck		

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Oct. 17, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct. 20, 1952	24C. NAME OF CEMETERY OR CREMATORY Brown Chapel Cem.	24D. LOCATION (City, town, or county) (State) Columbia, S. C.

DATE RECEIVED BY LOCAL REGISTRAR OCT 18 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS Holland Funeral Home-1631 Druid Hill Ave.
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MEDICAL CERTIFICATION



420
9528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9528

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Ida Elizabeth Lyles</i>		2. DATE OF DEATH <i>Oct. 14, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1620 W. Lexington St.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Ed. Baptist Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19-05</i>	
6. Length of stay in Baltimore <i>59 yr.</i>		D. STREET ADDRESS (If rural, give location) <i>1620 W. Lexington St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Mar. 14, 1865</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Montgomery Co. Md.</i>
13. FATHER'S NAME <i>Johnson</i>		14. MOTHER'S MAIDEN NAME <i>Mary Lyles</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>703 N. Fremont St.</i>	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cardiovascular Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>V</i>	
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(A) Sudden Death</i>		(B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>Home</i>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>10/14/52</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Heart Failure</i>	
22. I hereby certify that I attended the deceased from <i>4:30</i> p.m., 19 <i>52</i> , that I last saw the deceased alive on <i>10/13</i> , 19 <i>52</i> , and that death occurred at <i>5:30</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>W. J. Kiddle</i>		23B. ADDRESS <i>574 N. Green St. Baltimore, Md.</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct. 16, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>W. Zion</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
		25. FUNERAL DIRECTOR <i>Skilled Funeral Home</i>	

MEDICAL CERTIFICATION

VS 150

1 9520009520

NOT A MEDICAL EXAMINER'S CASE

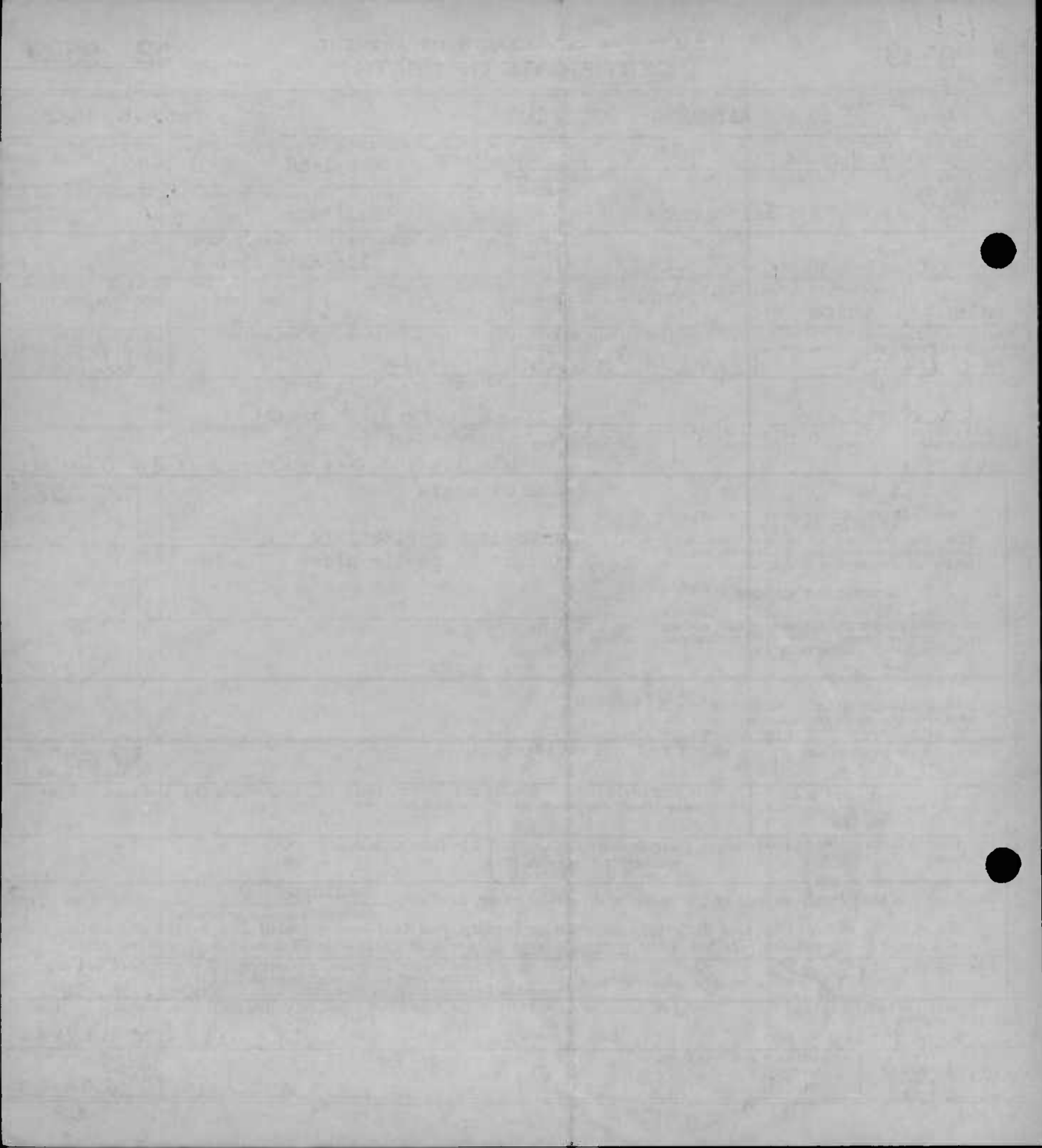
..... M.D.
CHIEF OR ASST. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9529**

BIRTH NO.		1. NAME OF DECEASED (Type or Print) RAYMOND SUTHERLAND		2. DATE OF DEATH Oct. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 3135 Eait Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 3135 Eait Avenue		E. LENGTH OF STAY IN BALTIMORE Life			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Life		8. DATE OF BIRTH 3-31-1906	9. AGE (In years last birthday) 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Amer. Can Co.		11. BIRTHPLACE (State or foreign country) Balto.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Andrew			
14. MOTHER'S MAIDEN NAME Lida Rowe		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO.		17. INFORMANT Marg. Coleman			
18. 540.0		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Generalized peritonitis DUE TO rupture of peptic ulcer			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. O'Shea		23B. CHIEF MEDICAL EXAMINER John J. Hudson		23C. DATE SIGNED Oct. 16, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-18-52		24C. NAME OF CEMETERY OR CREMATORY O'Donnell St. Balto.	
24D. LOCATION (City, town, or county) Balto.		24E. FUNERAL DIRECTOR Huntington Williams		24F. ADDRESS John J. Hudson, Inc. Hudson St.	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9530**

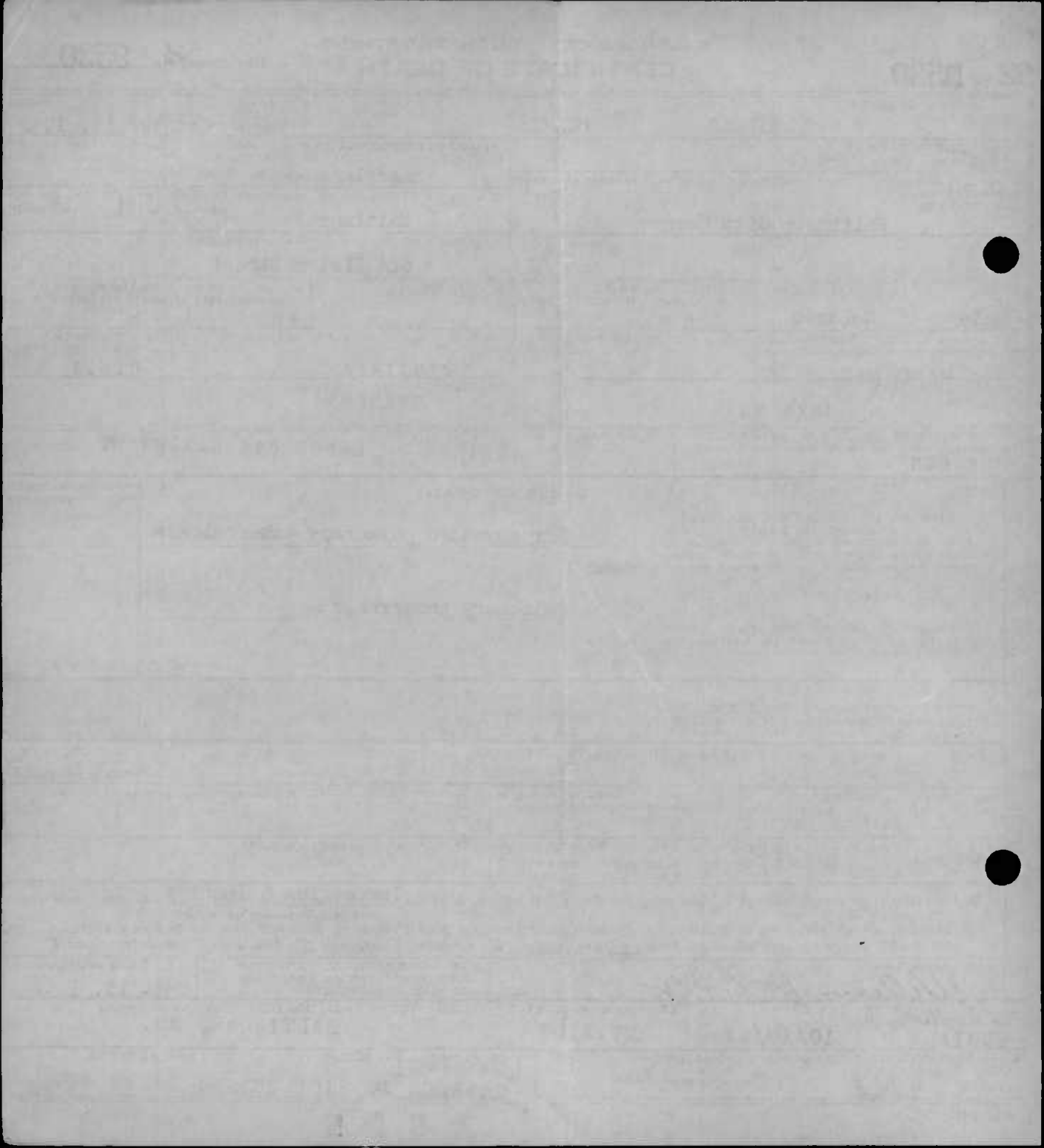
1. NAME OF DECEASED (Type or Print) WILLIE HOLMES		2. DATE OF DEATH October 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 644 Eislens Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HANDYMAN		11. BIRTHPLACE (State or foreign country) VIRGINIA	
10B. KIND OF BUSINESS OR INDUSTRY See		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO.	
		17. INFORMANT ELIZABETH LEACH 644 EISELSEN ST	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Far advanced pulmonary tuberculosis DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary hemorrhage		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, **accident** ☐, **suicide** ☐, **homicide** ☐, **undetermined** ☐.

23A. SIGNATURE <i>William H. Rice</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Oct. 15, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 10/18/52	24C. NAME OF CEMETERY OR CREMATORY MT. ZION	24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.
DATE RECEIVED BY LOCAL REGISTRAR OCT 18 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR CHARLES A. RICE 661 W. BARRE ST.	

V S 151 1 9 5 2 0 9 7 0 7 9 5 2 5



52 9531

52 9531

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. *W-522*

1. NAME OF DECEASED (Type or Print) *Joseph Winczek*

2. DATE OF DEATH *Oct 8, 1952*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Med. Dept*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md.* B. COUNTY *2-03*

5. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) *Baltimore 31*

7. STREET ADDRESS (If rural, give location) *1620 Thames St.*

8. Length of stay in Baltimore

9. SEX *Male*

10. COLOR OR RACE *White*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH *3-27-91*

13. AGE (In years last birthday) *61*

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country)

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME

21. MOTHER'S MAIDEN NAME

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

23. SOCIAL SECURITY NO.

24. INFORMANT *JOHNS HOPKINS HOSPITAL*

25. ADDRESS

18. *146X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Carcinoma of nasopharynx with metastasis to lymph nodes, bone marrow + liver*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *nodes, bone marrow + liver*

(C) *liver*

INTERVAL BETWEEN ONSET AND DEATH *6 mos*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-6-*, 1952 to *10-8-*, 1952, that I last saw the deceased alive on *10-8-*, 1952, and that death occurred at *3:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Richard J. Jones*

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR *OCT 19 1952*

REGISTRAR'S SIGNATURE *Huntington Williams, M.D.*

25. FUNERAL DIRECTOR *Huntington Williams, M.D.*

ADDRESS

VS 150

18520109526

MEDICAL CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE

1. Name of deceased

DATE

2. Sex

DATE

3. Age



4. Cause of death

5. Place of death

6. Date of death

7. Signature of physician

8. Signature of registrar

9. Date of registration

10. Remarks

11. Signature of registrar

12. Date of registration

13. Signature of registrar

14. Date of registration

15. Signature of registrar

16. Date of registration

17. Signature of registrar

18. Date of registration

19. Signature of registrar

20. Date of registration

21. Signature of registrar

22. Date of registration

23. Signature of registrar

24. Date of registration

25. Signature of registrar

26. Date of registration

27. Signature of registrar

28. Date of registration

20

52 9532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9532
Registered No.

BIRTH NO. 52-25552

1. NAME OF DECEASED
(Type or Print)

BABY BOY BRUCE

2. DATE
OF
DEATH

10.11.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL OF MD.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 18-03

D. STREET ADDRESS (If rural, give location)

1101 W. BALTIMORE ST.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH

10.10.52

9. AGE (In years
last birthday)H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.

9 48

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Robert Cable Bruce

14. MOTHER'S MAIDEN NAME

Anna Marie Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother, 1101 W. Baltimore Md.

18. 754.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

(A) CONGENITAL HEART DISEASE

DUE TO

(CORRECTION OF AORTA, INFANTILE TYPE;

(B)

DUE TO

INTER AURICULAR SEPTAL DEFECT

(C)

PREMATURITY; BREECH PRESENTATION

9 48
9 48 HRS.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10.10.52

19B. MAJOR FINDINGS OF OPERATION

BREECH DELIVERY OF 3 POUND 4 OUNCE MALE INFANT

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.10.1952 to 10.11.1952 that I last saw the
deceased alive on 10.11.1952, and that death occurred at 2 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEDERAL DIRECTOR

ADDRESS

VS 150

9527

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

240
52 9533

52 9533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) CATHERINE DUCKETT		2. DATE OF DEATH OCT. 18 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1137 SCOTT ST		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY 21-01			
B. FULL NAME OF HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MD			
c. Length of stay in Baltimore 85 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1137 SCOTT ST			
5. SEX FEM	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH NOV 23 1866	9. AGE (In years last birthday) 85	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) BALTO MD	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME THOMAS McHALE			14. MOTHER'S MAIDEN NAME MARY KEARNS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —		17. INFORMANT ADDRESS CATHERINE MEISEL 1137 SCOTT ST	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis DUE TO Arteriosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral Arteriosclerosis Achylasia II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Arteriosclerosis Chronic Myocarditis Cerebral Arteriosclerosis Achylasia		INTERVAL BETWEEN ONSET AND DEATH 6 months 1 year 2 years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11. 20 , 19 50 , to 10. 18 , 19 52 , that I last saw the deceased alive on 10. 18 , 19 52 , and that death occurred at 6:15 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE John P. Unbeck, Jr		23B. ADDRESS 1427 Waver Blvd		23C. DATE SIGNED 10. 18-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE OCT. 22-52	24C. NAME OF CEMETERY OR CREMATORY St Peters Cam	24D. LOCATION (City, town, or county) (State) Balto Md		
DATE RECEIVED BY LOCAL REGISTRAR OCT 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Bernard C. Harbo 121 E West St	

VS 150

19520009520

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

NAME OF OFFICIAL

NAME OF CLERK

NAME OF ASSISTANT

NAME OF RECORDER

NAME OF INDEXER

NAME OF FILE CLERK

NAME OF NIGHT CLERK

NAME OF DEPUTY

NAME OF ASSISTANT DEPUTY

NAME OF CLERK

NAME OF ASSISTANT

52 9534

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9534

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

John P. Eberhart

2. DATE
OF
DEATH

Oct. 17, 1952

PLACE OF DEATH:

Baltimore City, Maryland Md. Gen'l Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Md. B. COUNTYFULL NAME OF (If not in hospital or institution, give street address or
OSPITAL OR location)
INSTITUTION

Maryland General Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

0. STREET ADDRESS (If rural, give location)

5907 Eberhart Ave.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Self

Nov. 17, 1881

70

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF
WHAT COUNTRY?

3. FATHER'S NAME

John Eberhart

14. MOTHER'S MAIDEN NAME

Mary Smith

5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm. F. Eberhart 5126 Crescent Ave.

18. 201X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Hodgkin's Disease

4 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO
(C) ...Gum Abscess
+ Craniotomy

1 week

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Sept 20, 1952 to Oct 17, 1952 that I last saw the
deceased alive on Oct 15, 1952 and that death occurred at 8 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Oct. 20, 1952

Lorraine

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 19 1952

Huntington Williams, M.D.

G. Howard Strong 3207 W. North Ave.

VS 150

1 9 5 518240 9 5 2 9

4509 Feb. 1945

20

52 9535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9535

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM OLIVER AMOSS

2. DATE
OF
DEATH

OCT. 17 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SOUTH BALTIMORE GENL HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 18-03

D. STREET ADDRESS (If rural, give location)

817 W. LOMBARD ST

6. Length of stay in Baltimore

25 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JUNE 4 1875

9. AGE (In years

last birthday)

77

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR

INDUSTRY

INSURANCE

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

OLIVER C. AMOSS

14. MOTHER'S MAIDEN NAME

EMMA MARR

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

17. INFORMANT

GORMAN AMOSS OLD COURT ROAD
PIKESVILLE 8 Md.

18. 154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of recto. sigmoid months

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis heart disease years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1952 to Oct 17, 1952, that I last saw the
deceased alive on Oct 17, 1952, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. W. Bowman

23B. ADDRESS

M. D.

South Baltimore Genl Hosp

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT. 20 1952

24C. NAME OF CEMETERY OR CREMATORY

MT. VIEW CEM.

24D. LOCATION (City, town, or county)

HOWARD Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 19 1952

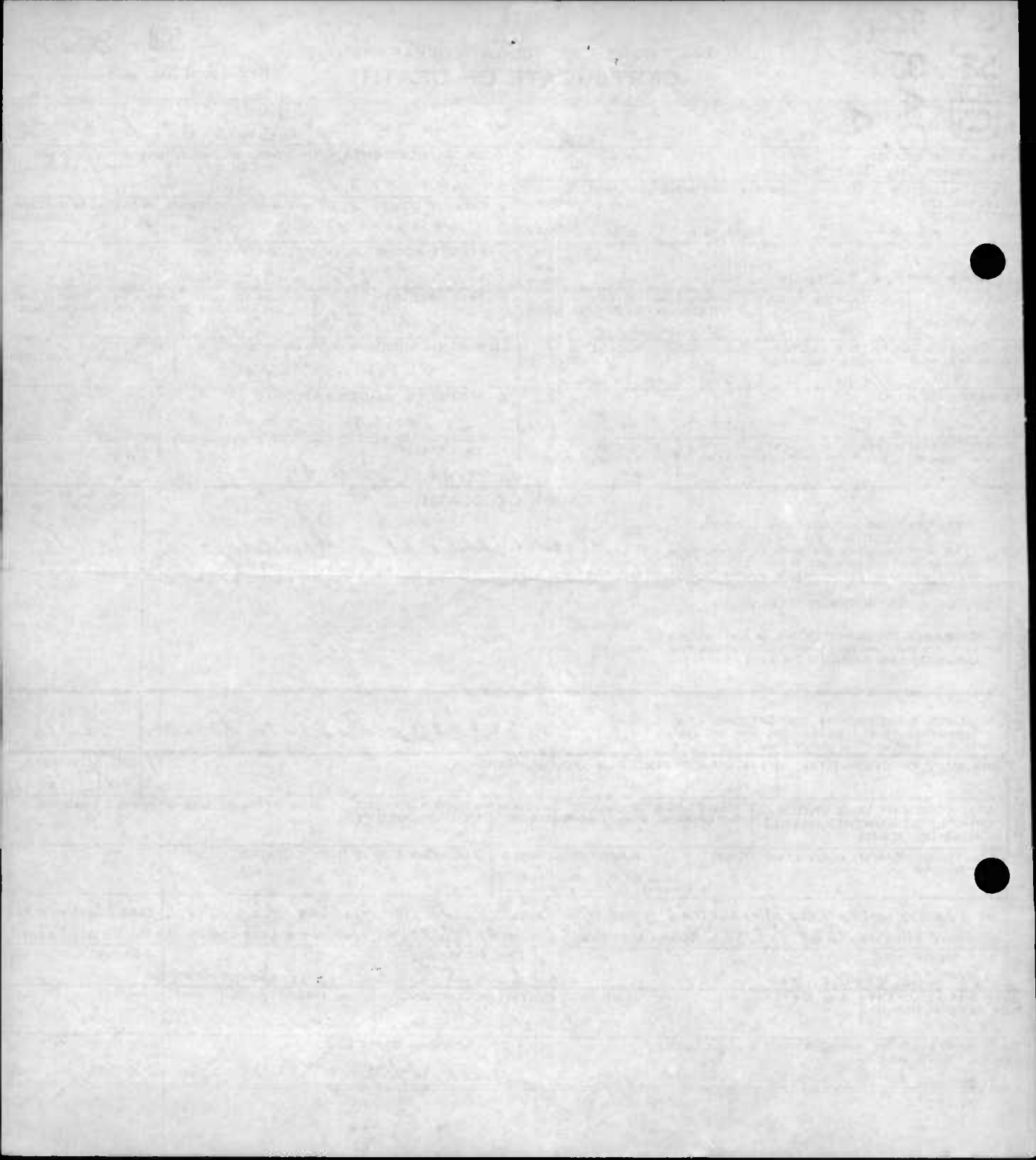
Huntington

WEER & HAIGHT FUNERAL DIR. SYKESVILLE, Md.

VS 150

9530

MEDICAL CERTIFICATION



52 9536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9536

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SALLIE WHITE

2. DATE
OF
DEATH

October 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

21-01

D. STREET ADDRESS (If rural, give location)

737 Dover Street

Length of stay in Baltimore

13 yrs

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

William White

8. DATE OF BIRTH

Nov 11

9. AGE (in years
last birthday)

36

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Leedsville, S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Minton

14. MOTHER'S MAIDEN NAME

Mary Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William White

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Oct. 16, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 19, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

bedardhill

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS 322X

Mrs. Katie R. Williams Schreiner St

OCT 19 1952

VS 151

45209531

MEDICAL CERTIFICATION

THE UNIVERSITY OF CHICAGO

1000

THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO

100

52 9537

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9537
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MORRIS

GABE

2. DATE
OF
DEATH

10-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mt Sinai Home

Yrs.

Mos.

Days

C. Length of stay in Baltimore

45

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-19-52

9. AGE (in years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

Shoe repairer

10B. KIND OF BUSINESS OR
INDUSTRY

Self.

11. BIRTHPLACE (State or foreign country)

Kansas

12. CITIZEN OF
WHAT COUNTRY?

American

13. FATHER'S NAME

Chris

14. MOTHER'S MAIDEN NAME

Rachael

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

Freida Gabe - Same

ADDRESS

Same

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocarditic
Hypertensive C.V. disease
Atherosclerosis

ANTECEDENT CAUSES

(B)

DUE TO

Oral cholelithiasis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1952 to Jan 18, 1953, that I last saw the
deceased alive on Jan 18, 1953, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. E. Reade M.D.

23B. ADDRESS

4215 Park Heights Rd

23C. DATE SIGNED

10/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10-19-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Jack Lewis, Jr. 2100 Canton Rd

ADDRESS

VS 150

1952058298532

MEDICAL CERTIFICATION

2347 w north

343
52 9538BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9538

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIA EKHOWITZ

2. DATE
OF
DEATH

10-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3801 Hillsdale Road

Yrs.
Mos.
Days

C. Length of stay in Baltimore

life

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3801 Hillsdale Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Max Levy

14. MOTHER'S MAIDEN NAME

Theresa

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Barney Edlowitz - nee

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

United

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 16, 1952, to Oct 17, 1952, that I last saw the deceased alive on Oct 17, 1952 and that death occurred at 11:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Barney Edlowitz

M. D.

23B. ADDRESS

3700 Park Heights Ave

23C. DATE SIGNED

Oct 17, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-19-52

24C. NAME OF CEMETERY OR CREMATORY

Herring Hill

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Kewin Inc 2100 Centaur Pl

VS 150

1 9520009533

MEDICAL CERTIFICATION

2401 Foster 70
Ra 0186

550

52 9539

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9539
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Allen Erwin Manahan.*

2. DATE OF DEATH *18 Oct 1952*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE *Maryland.* B. COUNTY *Harford.*

5. FULL NAME OF HOSPITAL OR INSTITUTION *Union Memorial Hospital.*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Fallston -

7. STREET ADDRESS (If rural, give location)
6200

8. Length of stay in Baltimore *4 days*

9. SEX *M* 10. COLOR OR RACE *W* 11. SINGLE (MARRIED) ☒ WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH *3 June 1889.* 13. AGE (In years last birthday) *64* 14. Under 1 Year Months: *4* Days: *15* 15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Farmer.* 17. KIND OF BUSINESS OR INDUSTRY *Subsistence*

18. BIRTHPLACE (State or foreign country) *Maryland.* 19. CITIZEN OF WHAT COUNTRY? *USA.*

20. FATHER'S NAME *Bert Manahan.* 21. MOTHER'S MAIDEN NAME *Jennie Kline.*

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *Unknown* 23. SOCIAL SECURITY NO.

24. INFORMANT *Sara V. Manahan.* ADDRESS *Fallston, Md.*

18. *163x* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(A) *Metastases to liver.*
DUE TO

(B) *Adenocarcinoma of lung.*
DUE TO

19A. DATE OF OPERATION *18 Oct 1952.* 19B. MAJOR FINDINGS OF OPERATION *Metastatic carcinoma of liver.* 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *14 Oct*, 1952 to *18 Oct*, 1952, that I last saw the deceased alive on *18 Oct*, 1952, and that death occurred at *9:20 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Thos. A. E. Mouley* M. D. 23B. ADDRESS *Union Memorial Hosp.* 23C. DATE SIGNED *19 Oct 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *10/21/52* 24C. NAME OF CEMETERY OR CREMATORY *Calvary* 24D. LOCATION (City, town, or county) (State) *Churchville Harford Md*

DATE RECEIVED BY LOCAL REGISTRAR *OCT 20 1952* REGISTRAR'S SIGNATURE *Huntington Williams* 25. FUNERAL DIRECTOR *Charles C. Kutz* ADDRESS *Jarrettsville Md*

VS 150

822010 9534

02-00-80

CERTIFICATE OF ADOPTION

PLATE SC

41



52 9540

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9540

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles AGENS

2. DATE
OF
DEATH

10/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md

Harford

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Forest Hill

D. STREET ADDRESS (If rural, give location)

1200

C. Length of stay in Baltimore

3 wks.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE MARRIED,
WIDOWED DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Nov. 27, 1899

9. AGE (In years last birthday)

52

If Under 1 Year
Months Days

10

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Farm Labor

FARMING

13. FATHER'S NAME

James S. Agens

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Mary M. Packer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary F. Fredericks

18. E902.11

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cervical fracture C-6

DUE TO

(C)

C dislocation

3 wks.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Head trauma

B. J. Fisher M.D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

7/28/52

19B. MAJOR FINDINGS OF OPERATION

Contused spinal cord, C-6

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Farm

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)
Forest Hill, Md.21D. TIME (Month) (Day) (Year) (Hour)
INJURY

9/28/52 - 12 a.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fall from hay barn loft.

22. I hereby certify that I attended the deceased from 9/28, 1952, to 10/18, 1952, that I last saw the deceased alive on 10/18, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

August Kil

M.D.

23B. ADDRESS

University Hops

23C. DATE SIGNED

10/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

10-21-52

24C. NAME OF CEMETERY OR CREMATORY

H. H. GLAND

24D. LOCATION (City, town, or county) (State)

HIGHLAND, HARFORD Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Kenneth W. Prohman, Stewarttown

VS 150

N805.0

1972080009535

MEDICAL CERTIFICATION

435
52 9541BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 9541

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MR. HARRY STREETT BALDWIN		2. DATE OF DEATH OCT. 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY Balto	
5. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HYDES	
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 5300	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 24, 1894
9. AGE (In years last birthday) 58		10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTY COMMISSIONER Balto Co.		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME HARRY W. BALDWIN		14. MOTHER'S MAIDEN NAME MAMIE WHITEFORD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) ? no		16. SOCIAL SECURITY NO. ?	
17. INFORMANT WIFE (MRS. MARY BALDWIN)		ADDRESS PMG	

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-10**, 19**52**, to **10-19**, 19**52**, that I last saw the deceased alive on **10-19**, 19**52**, and that death occurred at **5:03 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Kyle D. Kinan, M.D.		23B. ADDRESS Union Mem. Hosp		23C. DATE SIGNED 10-19-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 10-22-52		24C. NAME OF CEMETERY OR CREMATORY Chestnut Grove	
24D. LOCATION (City, town, or county) (State) Phoenix, Ind		25A. FUNERAL DIRECTOR J. Scott Brooks, Sparks, Ind.		25B. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25C. ADDRESS	

VS 150

298 929 536

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE

JANUARY 1, 1900

REPORT

OF THE

ATTORNEY GENERAL

FOR THE YEAR

1899

ALBANY:

1900

PRINTED BY

THE STATE

OF NEW YORK

OFFICE OF THE

ATTORNEY GENERAL

520

52 9542

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

52 9542
 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **MR. JAMES HYNES** 2. DATE OF DEATH **10/18/52**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **MARYLAND** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location) **BON SECOURS HOSPITAL** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **BALTIMORE 20-08**

D. STREET ADDRESS (If rural, give location) **14 SOUTH AUGUSTA AVE.** E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **7/7/80** 9. AGE (in years last birthday) **72** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Machinist** 10B. KIND OF BUSINESS OR INDUSTRY **Foundry** 11. BIRTHPLACE (State or foreign country) **PENNSYLVANIA** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **JAMES HYNES** 14. MOTHER'S MAIDEN NAME **BRIDGET CRANE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) **No.** 16. SOCIAL SECURITY NO. 17. INFORMANT **James Hynes 14 S. Augusta Ave** ADDRESS

18. **154X** CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Chase of Cervical Vertebrae** DUE TO

ANTECEDENT CAUSES (B) **Melanotic Carcinoma** DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) **Carcinoma of Rectum**

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **July 16, 1951** 19B. MAJOR FINDINGS OF OPERATION **Carcinoma of Rectum (Mucoid Degeneration)** 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 14, 1952** to **Oct. 18, 1952** that I last saw the deceased alive on **Oct. 18, 1952** and that death occurred at **11:45 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE **J. Nelson McKay** 23B. ADDRESS **Bon Secours Hospital** 23C. DATE SIGNED **Oct 18, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **10-22-52** 24C. NAME OF CEMETERY OR CREMATORY **Cathedral Cem** 24D. LOCATION (City, town, or county) **Balto Md.**

DATE RECEIVED BY LOCAL REGISTRAR **OCT 20 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **George A. Farley** ADDRESS

544/34 109537

MEDICAL CERTIFICATION

VALLEY

W. G. H. H. H.

1000

1000

1000

1000

1000

1000

1000

1000

60
52 9543
CERTIFICATE CORRECTED 10-31-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 9543

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John M. Taylor

2. DATE
OF
DEATH

10-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

ST. Agnes Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland 20-07

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

121. S. Monastery Ave

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

male

white

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ELECTRICIAN

10B. KIND OF BUSINESS OR INDUSTRY

CONTRACTING

8. DATE OF BIRTH

7-5-73

9. AGE (In years, last birthday)

79

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

HERMAN

14. MOTHER'S MAIDEN NAME

ANNIE LAUDER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs John M. Taylor - 121 S. Monastery Ave

18. 586X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Shock Peritonitis
Prob. Ruptured Spleen

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-16, 1952 to 10-17, 1952, that I last saw the deceased alive on 10-17, 1952, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 20 1952

Huntington Williams, M.D.

George A. Farley - Catonsville, Md.

VS 150

1952 OCT 20 9 53 AM

252

52 9544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9544

BIRTH NO.		1. NAME OF DECEASED (Type or Print) PAULINE MCKENZIE		2. DATE OF DEATH 10/16/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTIMORE			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-08			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4211 EUCLID AVE.			
5. SEX F	6. COLOR OR RACE W	7. <input checked="" type="checkbox"/> SINGLE, <input type="checkbox"/> MARRIED, <input type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH MAY 26, 1889	9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK. RET.		10B. KIND OF BUSINESS OR INDUSTRY CLOTHING		11. BIRTHPLACE (State or foreign country) MD.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME GEORGE W.			
14. MOTHER'S MAIDEN NAME CATHERINE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS MISS EDITH MCKENZIE 4211 EUCLID			
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-Vascular Accident		CAUSE OF DEATH Cerebro-Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		(A)			
DUE TO		(B)			
DUE TO		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/15 , 19 52 , to 10/16 , 19 52 , that I last saw the deceased alive on 10/16 , 19 52 , and that death occurred at 9:15 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Ray Pryor		23B. ADDRESS University Hospital		23C. DATE SIGNED 10/16/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-20-52		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.	
24D. LOCATION (City, town, or county) Balto.		24E. STATE Md.		24F. DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1952	
24G. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24H. FUNERAL DIRECTOR George A. Farley		24I. ADDRESS Catonville, Md.	

VS 150

3905460009539

MEDICAL CERTIFICATION

DECLARATION OF DEATH

DECLARATION OF DEATH

DECLARATION OF DEATH

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DECLARATION OF DEATH

66
52 9545BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9545
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Frederika (Rickey) Schifferer</i>		2. DATE OF DEATH <i>Oct 16 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2824 O'Donnell St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 1-01</i>			
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2824 O'Donnell St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec 10 1874</i>	9. AGE (In years last birthday) <i>77</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	
13. FATHER'S NAME <i>John Knoll</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
14. MOTHER'S MAIDEN NAME <i>Elizabeth Summers</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>John Schifferer 2824 O'Donnell St.</i>			
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Sclerosis</i> Chn. Myocarditis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <i>Coronary Sclerosis</i> <i>Chn. Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>14.</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/16/52</i> , 19 <i>52</i> , to <i>10/16/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>10/15/52</i> , 19 <i>52</i> , and that death occurred at <i>10:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Nicholas J. Henderson</i>		23B. ADDRESS <i>1076 S. Enoch</i>		23C. DATE SIGNED <i>10/18/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct 20/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St Carmel Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>O'Donnell St Balto Md</i>		25. FUNERAL DIRECTOR <i>Huntington Williams</i>		25. ADDRESS <i>John J. Duda Inc 2829 Hudson St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 20 1952</i>		VS 150 <i>19520209540</i>			

UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE
BUREAU OF MARITIME SERVICE

STATE OF NEW YORK

IN SENATE
JANUARY 1, 1914
REPORT
OF THE
COMMISSIONER OF MARITIME SERVICE
FOR THE YEAR 1913

ALBANY: J.B. LIPPINCOTT CO.

PRINTED BY THE STATE OF NEW YORK
AT THE OFFICE OF THE COMMISSIONER OF MARITIME SERVICE
ALBANY, N. Y.

352

52 9546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9546

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Merle Andrew STANGLE

2. DATE
OF
DEATH

OCT. 18-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3212 Berkshire Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-01

D. STREET ADDRESS (If rural, give location)

3212 Berkshire Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

June 25-1911

9. AGE (In years
last birthday)

41

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PLANNING ENGINEER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

BERNARD J. STANGLE

CONJ.

14. MOTHER'S MAIDEN NAME

Ellen Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

206-07-1366

17. INFORMANT

ADDRESS 3212

- MRS. Freda STANGLE - Berkshire

18. 453.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Coronary Thrombosis

24 hrs

II
ANTECEDENT CAUSESDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Buerger's Disease

4 yrs

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1951, to Oct 18, 1952, that I last saw the
deceased alive on Oct 18, 1952, and that death occurred at 3 A m., from the causes and on the date stated above.

23A. SIGNATURE

Harold H. Burns

23B. ADDRESS

M. O.

115 E. Eager St. Balto. Md. 10-18-52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 20 1952

Huntington Williams, M.D.

L. J. Buck

5305 Harford Rd.

VS 150

10543 24 09541

MEDICAL CERTIFICATION

Dr. HAROLD Burns
2823 LINWOOD AVE.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9547
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAEL J. MILLER

2. DATE
OF
DEATH

10/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St Joseph's Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 27-01

D. STREET ADDRESS (If rural, give location)

3818 Hoodlea Ave

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb 22-1886

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stereo Super

10B. KIND OF BUSINESS OR
INDUSTRY

Sun Paper

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Miller

NEWSPAPER

14. MOTHER'S MAIDEN NAME

Mary T. Dettler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

213-03-2308

17. INFORMANT

Mrs. Katherine Miller - Hoodlea

ADDRESS 3818

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) ARTERIO SCLEROTIC HEART

DUE TO

DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

10/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

OCT 20 1952

Huntington Williams, M.D.

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

25. FUNERAL DIRECTOR

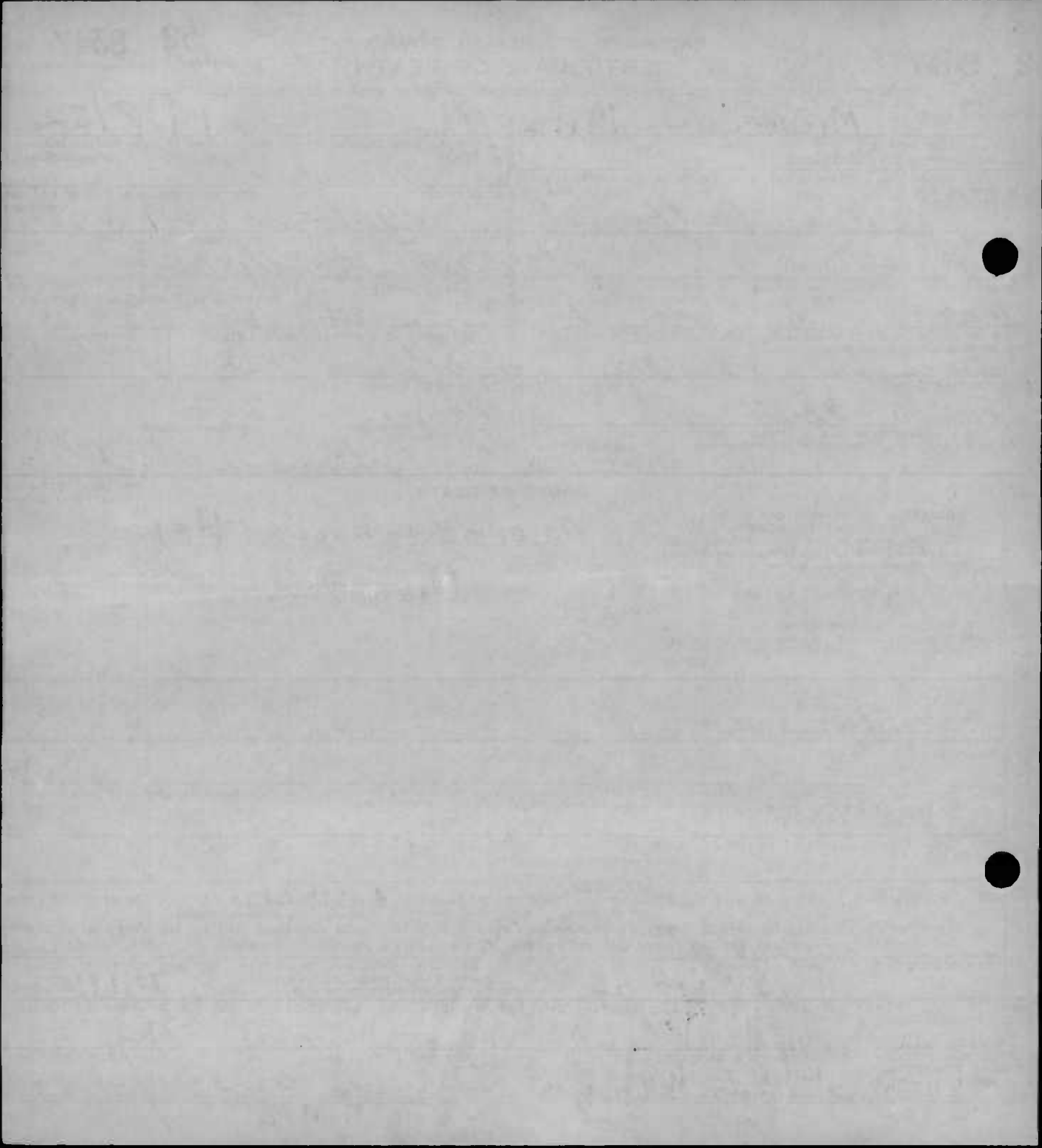
J. Ruck

ADDRESS

5305 Hayford Rd

VS 151

520-4A 9547



520
52 9548EMIG
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9548
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Laura Rubie Emig		Oct 19 - 1952	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Md. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
at home		Baltimore 12-01			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
abt-		207 Remble Rd			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
Female	White	Widow	Aug-16-869	83	- - -
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
none		none	Prospect - Penna U.S.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Jacob Sitzer		Elizabeth Burr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
no		none	J. D. Rubie (son) 307 Remble Rd		
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ANTECEDENT CAUSES		(A) Cerebral Hemorrhage		Sept 3rd	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Arteriosclerosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Sept 28, 1952, to Oct. 19, 1952, that I last saw the deceased alive on Oct 19, 1952, and that death occurred at 8:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
J. D. Rubie		426 S. Patterson St. Ave.		10/20/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)		
General	Oct-20/52	Prospect Hill	York - Penna		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
OCT 20 1952		Huntington Williams, M.D.		Stewart M. Moore Co. Balt.	

52 9549

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9549
Registered No.

1. NAME OF DECEASED (Type or Print) *Major Malcolm G. Keech*

2. DATE OF DEATH *Oct. 19, 1952*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Union Memorial Hospital*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTY *Baltimore*

5. LENGTH OF STAY IN BALTIMORE *Life*

6. SEX *male* 7. COLOR OR RACE *white* 8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Single*

9. AGE (In years last birthday) *59*

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Retired Army Officer*

11. BIRTHPLACE (State or foreign country) *Maryland (Baltimore)*

12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *Cyril W. Keech (D)*

14. MOTHER'S MAIDEN NAME *Georgia Grace Priest*

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) *yes* 16. SOCIAL SECURITY NO. *none*

17. INFORMANT *Hospital Records* ADDRESS *-*

18. *153X* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(A) *Atherosclerosis, pneumonia post-op.*

(B) *Empyema, throm. bronchitis*

(C) *Wound - ca. operability - unrec.*

INTERVAL BETWEEN ONSET AND DEATH *Aug. 31, 52 to Oct. 19, 52*

19A. DATE OF OPERATION *Oct. 18, 1952* 19B. MAJOR FINDINGS OF OPERATION *Wound - ca*

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY *0*

21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? *0*

22. I hereby certify that I attended the deceased from *Oct. 14, 1952*, to *Oct. 19, 1952*, that I last saw the deceased alive on *Oct. 19, 1952*, and that death occurred at *9:42 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE *W. Fisher, M.D.* M. D. 23B. ADDRESS *Union Memorial Hosp.* 23C. DATE SIGNED *Oct. 19*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *Oct. 22/52* 24C. NAME OF CEMETERY OR CREMATORY *Linden Park* 24D. LOCATION (City, town, or county) (State) *Balto. Md*

DATE RECEIVED BY LOCAL REGISTRAR *OCT 20 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* FUNERAL DIRECTOR *Swartmore* ADDRESS *Baltimore*

VS 150

MEDICAL CERTIFICATION

KEECH

95395979544

CERTIFICATE OF DEATH

SALTWATER CITY, TEXAS

25

1910

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>		<p>4. Date of death</p>	
<p>5. Place of birth</p>		<p>6. Occupation</p>		<p>7. Cause of death</p>		<p>8. Signature of physician</p>	
<p>9. Signature of registrar</p>		<p>10. Signature of witness</p>		<p>11. Signature of witness</p>		<p>12. Signature of witness</p>	
<p>13. Signature of witness</p>		<p>14. Signature of witness</p>		<p>15. Signature of witness</p>		<p>16. Signature of witness</p>	
<p>17. Signature of witness</p>		<p>18. Signature of witness</p>		<p>19. Signature of witness</p>		<p>20. Signature of witness</p>	
<p>21. Signature of witness</p>		<p>22. Signature of witness</p>		<p>23. Signature of witness</p>		<p>24. Signature of witness</p>	
<p>25. Signature of witness</p>		<p>26. Signature of witness</p>		<p>27. Signature of witness</p>		<p>28. Signature of witness</p>	
<p>29. Signature of witness</p>		<p>30. Signature of witness</p>		<p>31. Signature of witness</p>		<p>32. Signature of witness</p>	
<p>33. Signature of witness</p>		<p>34. Signature of witness</p>		<p>35. Signature of witness</p>		<p>36. Signature of witness</p>	
<p>37. Signature of witness</p>		<p>38. Signature of witness</p>		<p>39. Signature of witness</p>		<p>40. Signature of witness</p>	
<p>41. Signature of witness</p>		<p>42. Signature of witness</p>		<p>43. Signature of witness</p>		<p>44. Signature of witness</p>	
<p>45. Signature of witness</p>		<p>46. Signature of witness</p>		<p>47. Signature of witness</p>		<p>48. Signature of witness</p>	
<p>49. Signature of witness</p>		<p>50. Signature of witness</p>		<p>51. Signature of witness</p>		<p>52. Signature of witness</p>	
<p>53. Signature of witness</p>		<p>54. Signature of witness</p>		<p>55. Signature of witness</p>		<p>56. Signature of witness</p>	
<p>57. Signature of witness</p>		<p>58. Signature of witness</p>		<p>59. Signature of witness</p>		<p>60. Signature of witness</p>	
<p>61. Signature of witness</p>		<p>62. Signature of witness</p>		<p>63. Signature of witness</p>		<p>64. Signature of witness</p>	
<p>65. Signature of witness</p>		<p>66. Signature of witness</p>		<p>67. Signature of witness</p>		<p>68. Signature of witness</p>	
<p>69. Signature of witness</p>		<p>70. Signature of witness</p>		<p>71. Signature of witness</p>		<p>72. Signature of witness</p>	
<p>73. Signature of witness</p>		<p>74. Signature of witness</p>		<p>75. Signature of witness</p>		<p>76. Signature of witness</p>	
<p>77. Signature of witness</p>		<p>78. Signature of witness</p>		<p>79. Signature of witness</p>		<p>80. Signature of witness</p>	
<p>81. Signature of witness</p>		<p>82. Signature of witness</p>		<p>83. Signature of witness</p>		<p>84. Signature of witness</p>	
<p>85. Signature of witness</p>		<p>86. Signature of witness</p>		<p>87. Signature of witness</p>		<p>88. Signature of witness</p>	
<p>89. Signature of witness</p>		<p>90. Signature of witness</p>		<p>91. Signature of witness</p>		<p>92. Signature of witness</p>	
<p>93. Signature of witness</p>		<p>94. Signature of witness</p>		<p>95. Signature of witness</p>		<p>96. Signature of witness</p>	
<p>97. Signature of witness</p>		<p>98. Signature of witness</p>		<p>99. Signature of witness</p>		<p>100. Signature of witness</p>	

550.

52 9550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9550

Registered No.

BIRTH NO. *Non Res.*1. NAME OF DECEASED
(Type or Print)*Baby-boy Bourne*2. DATE
OF
DEATH*OCT 20 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

*Md.**HARFORD*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Belair,

D. STREET ADDRESS (If rural, give location)

*Route # 2.**6200*

C. Length of stay in Baltimore

*2*Yes
No
Days

5. SEX

male

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*S.*

8. DATE OF BIRTH

*10-18-52*9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.*2*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY*None*

11. BIRTHPLACE (State or foreign country)

*Md.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Fred Bourne

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *762.5*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

*① Prematurity with
Atelectasis & ?*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebral hemorrhage

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from *10-18-*, 1952 to *10-20-*, 1952 that I last saw the
deceased alive on *10-20-*, 1952 and that death occurred at *135 A* m., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

*JOHNS HOPKINS HOSPITAL*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*REMOVAL**OCT 20, 1952**IND EPENDENCE, VA.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*OCT 20 1952**Huntington Williams, M.D.**Jos. T. Foster**Belair, Md*

VS 150

1952 OCT 20 9 54 0

MEDICAL CERTIFICATION

32
B-162782

52 9551

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9551

1. NAME OF DECEASED (Type or Print) Frederick John Lentz		2. DATE OF DEATH Oct. 17-1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-01	
c. Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) 736 S. Decker Ave. zone 24	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. 11-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED JANITOR		10b. KIND OF BUSINESS OR INDUSTRY MR TRUST CO	9. AGE (In years last birthday) 73
13. FATHER'S NAME Henry Lentz		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Augusta Martin	
18. 452x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ruptured Aneurysm, Common Iliac Artery DUE TO Arteriosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 43 Days	
19a. DATE OF OPERATION 9-8-1952		19b. MAJOR FINDINGS OF OPERATION Retroperitoneal Hematoma	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 9-4 , 19 52 to 10-17 , 19 52 , that I last saw the deceased alive on 10-17 , 19 52 , and that death occurred at 12.50AM , from the causes and on the date stated above.	
23a. SIGNATURE H. E. John Doe		23b. ADDRESS 4940 Eastern Ave. Balto., Md.	
23c. DATE SIGNED 10-17-1952		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 10/20/52		24c. NAME OF CEMETERY OR CREMATORY MT. CARMEL CEM. BALTIMORE MD	
24d. LOCATION (City, town, or county) (State) BALTIMORE MD		25. FUNERAL DIRECTOR Huntington	
DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1952		ADDRESS 1639 Broadway	

WASHINGTON CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1950 JAN 15

601-11-1425

Residence 10 N. 1st

Salisbury

Residence 10 N. 1st

10 N. 1st

Nov. 11-1950

Nov. 11-1950

Medical

Early death

Residence 10 N. 1st

601-11-1425

Residence 10 N. 1st

Residence 10 N. 1st

Residence 10 N. 1st

Residence 10 N. 1st

Residence 10 N. 1st

Residence 10 N. 1st

Residence 10 N. 1st

601-11-1425

Residence 10 N. 1st

Residence 10 N. 1st

S10
52 9552BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9552
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

GEORGE P.C. RUMPF

2. DATE
OF
DEATH

10/17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

ST JOSEPH HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

MD

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 8-06

D. STREET ADDRESS (If rural, give location)

1622. REGESTER ST

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

7/24/89

9. AGE (In years
last birthday)

63

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HEAT METAL WORKER

10B. KIND OF BUSINESS OR
INDUSTRY

LOYD MITCHELL CO

13. FATHER'S NAME

GEORGE RUMPF

Sheet metal (M)

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

LOUISE HEIGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ELIZABETH RUMPF 1622 REGESTER ST

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Nov 1949 to 18 Aug 1952, that I last saw the
deceased alive on 18 Aug 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John D. Barnaby

23B. ADDRESS

1531 E North Ave

23C. DATE SIGNED

18 Oct 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10/21/52

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE CENT.

24D. LOCATION (City, town, or county)

BALTIMORE MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

Blairne F Hoffmann 1639 Broadway

VS 150

9559231E 09547

MEDICAL CERTIFICATION

ILLINOIS CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DATE OF DEATH
(Month, Day, Year)

1. Name of Deceased		2. Sex		3. Age	
4. Date of Birth		5. Place of Birth		6. Usual Residence	
7. Cause of Death		8. Duration of Illness		9. Place of Death	
10. Signature of Physician		11. Signature of Registrar		12. Signature of Informant	
13. Date of Death		14. Time of Death		15. Signature of Informant	
16. Signature of Informant		17. Signature of Informant		18. Signature of Informant	
19. Signature of Informant		20. Signature of Informant		21. Signature of Informant	
22. Signature of Informant		23. Signature of Informant		24. Signature of Informant	
25. Signature of Informant		26. Signature of Informant		27. Signature of Informant	
28. Signature of Informant		29. Signature of Informant		30. Signature of Informant	
31. Signature of Informant		32. Signature of Informant		33. Signature of Informant	
34. Signature of Informant		35. Signature of Informant		36. Signature of Informant	
37. Signature of Informant		38. Signature of Informant		39. Signature of Informant	
40. Signature of Informant		41. Signature of Informant		42. Signature of Informant	
43. Signature of Informant		44. Signature of Informant		45. Signature of Informant	
46. Signature of Informant		47. Signature of Informant		48. Signature of Informant	
49. Signature of Informant		50. Signature of Informant		51. Signature of Informant	
52. Signature of Informant		53. Signature of Informant		54. Signature of Informant	
55. Signature of Informant		56. Signature of Informant		57. Signature of Informant	
58. Signature of Informant		59. Signature of Informant		60. Signature of Informant	
61. Signature of Informant		62. Signature of Informant		63. Signature of Informant	
64. Signature of Informant		65. Signature of Informant		66. Signature of Informant	
67. Signature of Informant		68. Signature of Informant		69. Signature of Informant	
70. Signature of Informant		71. Signature of Informant		72. Signature of Informant	
73. Signature of Informant		74. Signature of Informant		75. Signature of Informant	
76. Signature of Informant		77. Signature of Informant		78. Signature of Informant	
79. Signature of Informant		80. Signature of Informant		81. Signature of Informant	
82. Signature of Informant		83. Signature of Informant		84. Signature of Informant	
85. Signature of Informant		86. Signature of Informant		87. Signature of Informant	
88. Signature of Informant		89. Signature of Informant		90. Signature of Informant	
91. Signature of Informant		92. Signature of Informant		93. Signature of Informant	
94. Signature of Informant		95. Signature of Informant		96. Signature of Informant	
97. Signature of Informant		98. Signature of Informant		99. Signature of Informant	
100. Signature of Informant		101. Signature of Informant		102. Signature of Informant	

536

52 9553

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9553
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Caroline R. Snyder</i>		2. DATE OF DEATH <i>Dec 18-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>5</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>512 N 33rd St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-06</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>512 N 33rd St</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 10-1874</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Edward Mitchell</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Harr</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Charles L. Snyder</i>		ADDRESS	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocarditis, Endocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs</i>
DUE TO (A)		
DUE TO (B) <i>Hypertension</i>		
DUE TO (C) <i>Wenckebach - adema</i>		<i>20 yrs</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Wenckebach - adema</i>		<i>2 mo</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Oct 17, 1952* to *Oct 18, 1952* that I last saw the deceased alive on *Oct 17, 1952* and that death occurred at *8:45 A.M.* from the causes and on the date stated above.

23A. SIGNATURE <i>Herbert M. Foster</i>	23B. ADDRESS <i>2824 St. Paul St</i>	23C. DATE SIGNED <i>Oct 19-52</i>
--	---	--------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct 21-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Grain Ridge</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 20 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
VS 150		25. FUNERAL DIRECTOR <i>Frank J. Seely</i>	
		ADDRESS <i>814 N 36th St.</i>	

MEDICAL CERTIFICATION

1200

82

100

100

100

100

100

100

100

100

100

100

100

100

100

300
52 9554

52 9554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

M.L.B. 163984

1. NAME OF DECEASED
(Type or Print)

Mary J. Scott

2. DATE
OF

DEATH 10-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF DECEASED IN HOSPITAL OR INSTITUTION
Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

912 Baylis Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

March 1

9. AGE (in years last birthday)

79 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Moses Vaughn (D)

14. MOTHER'S MAIDEN NAME

Mary Tunstall (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular
Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Bronchial Asthma

DUE TO

(C) Uremia

INTERVAL BETWEEN
ONSET AND DEATHPresent
for
YearsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11-1952, to 10-16-1952 that I last saw the deceased alive on 10-16-1952 and that death occurred at 8:08 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave. Balto, Md.

10-17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

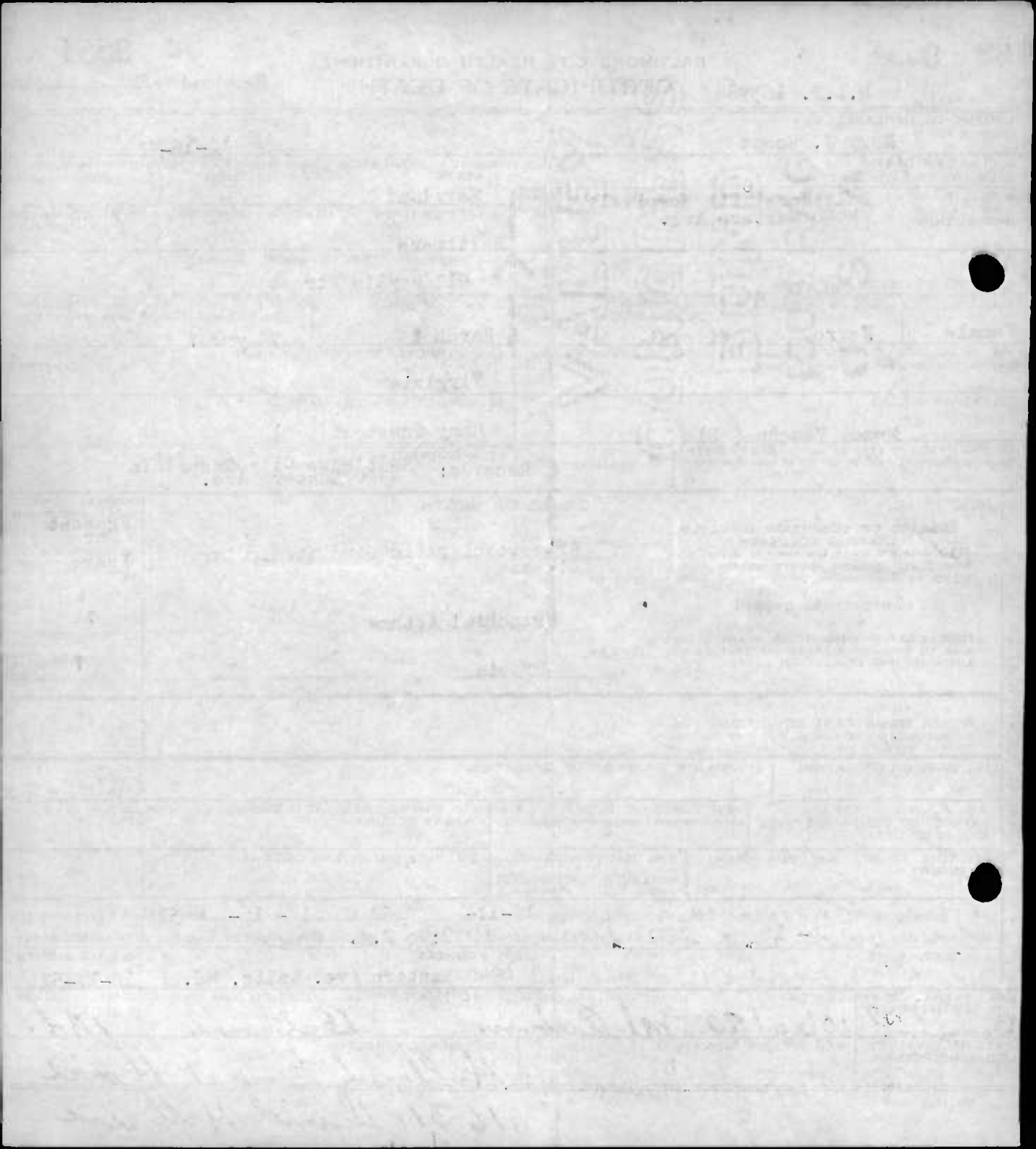
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9555
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Grace Elliott Shaw

2. DATE
OF
DEATH

10/17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Marylander Apts

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Never Employed

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Thomas Shaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto

D. STREET ADDRESS (If rural, give location)

St. Paul St. & University Pkwy

8. DATE OF BIRTH

3/30/1907

9. AGE (In years last birthday)

45

If Under 1 Year Months Days Hours Min.

6 17

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Margaret (Unknown)

17. INFORMANT

ADDRESS

Mrs. E. Ginn 2846 N. Calvert St

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Acute Myocarditis.*

DUE TO

4 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive Cardiac Disease*

DUE TO *Arteriosclerosis*

6 Mos.

2 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *April 10, 1952* to *Oct. 17, 1952* that I last saw the deceased alive on *Oct. 3, 1952*, and that death occurred at *A. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Henry S. Sigmund

23B. ADDRESS

1613 E. North Ave.

23C. DATE SIGNED

10-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/20/52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

ADDRESS

Cook Inc. 1217 St. Paul St.

VS 150

9550

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9556
Registered No. _____

52 9556
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) James Howard Standiford				2. DATE OF DEATH October 17, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5804 Merville Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-19			
C. Length of stay in Baltimore 52 years				D. STREET ADDRESS (If rural, give location) 5804 Merville Avenue			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Jan. 6, 1875		9. AGE (In years last birthday) 77 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator Retired		10B. KIND OF BUSINESS OR INDUSTRY Baltimore Transit		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME William Claudius Standiford				14. MOTHER'S MAIDEN NAME Sarah Knight			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-03-6383		17. INFORMANT ADDRESS Mrs. Helen L. Redmon 600 Craycombe Ave.			

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) myocardial infarction sudden DUE TO _____ (B) arteriosclerotic heart disease DUE TO _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH _____
---	--	---

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **DOA**, 19____, and that death occurred at **10A** m., from the causes and on the date stated above.

23A. SIGNATURE Paul E. Carlines M. D.	23B. ADDRESS 2217 South Road	23C. DATE SIGNED Oct 18, 1952
---	--	---

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct. 20, 1952	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	24D. LOCATION (City, town, or county) (State) Pikesville, Maryland
--	-----------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road
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Horace B. Burgee

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

Orthofer M.D.
CHIEF OR ASS. MEDICAL EXAMINER

1952 9557

AB-162465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9557

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Franklin Buckley

2. DATE
OF
DEATH

Oct. 19-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE location)
Baltimore City Hospitals

4940 Eastern Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Thomas Buckley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

August 4-1876

9. AGE (In years
last birthday)

76

If Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Cosgrove

17. INFORMANT

ADDRESS

Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Far Advanced Active Pulmonary Tuberculosis 2yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27-1952 to 10-19-1952, that I last saw the
deceased alive on 10-19-1952, and that death occurred at 2.20AM., from the causes and on the date stated above.

23A. SIGNATURE

N. C. Jones

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

10-19-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial
DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

Oct 21st 1952

REGISTRAR'S SIGNATURE

Huntington Williams

24C. NAME OF CEMETERY OR CREMATORY

Balto Green

24D. LOCATION (City, town, or county)

E. North Ave Ext

(State)

25. FUNERAL DIRECTOR

ADDRESS

1701-03 N. Patterson

Park Ave

VS 150

1952 002X 9557

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

2-1-1962

DECEASED'S FULL NAME

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

NAME OF OFFICIAL

NAME OF JUDGE

NAME OF CLERK

NAME OF RECORDER

NAME OF INDEXER

NAME OF FILE CLERK

NAME OF ARCHIVIST

324

52 9558

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9558

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.2. DATE
OF
DEATH

b. COUNTY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

a. STATE

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (in years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

1. BIRTH PLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3/50, 19, to 6/25/57, that I last saw the
deceased alive on 6/25/57, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 20 1952

VS 150

52906A

ans

MEDICAL CERTIFICATION

Certified a true copy of
the original record of this case
on file at the
NOT A MEDICAL EXAMINER'S CASE
of Mary, State

..... M.D.
Signed: CHIEF G. ASS. MEDICAL EXAMINER
Signed

NOT A MEDICAL EXAMINER'S CASE

..... M.D.
CHIEF G. ASS. MEDICAL EXAMINER

029384

Dr Friedman 1737 E North Ave

452
52 9559BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9559

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) MARY VIRGINIA WILLIAMS		2. DATE OF DEATH October 19, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland 143 W. Lafayette Ave.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 143 W. Lafayette Ave.
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY
13. FATHER'S NAME Charles Cox		14. MOTHER'S MAIDEN NAME Elizabeth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT		ADDRESS Mr. John S. Williams Jr. Ridgefield, Conn.

18. **420.1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) **Coronary Occlusion**

DUE TO

(B) **Coronary Sclerosis**

DUE TO

(C) **Aneurysm**

INTERVAL BETWEEN ONSET AND DEATH

5 days - 1 week
from death
from death
from death
from death

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 19th , 19 52 , to Oct 19th , 19 52 , that I last saw the deceased alive on Oct 19th , 19 52 , and that death occurred at 2:10 PM , from the causes and on the date stated above.					
23A. SIGNATURE W. H. Felt		23B. ADDRESS M. D. 20 E. Preston St.		23C. DATE SIGNED 10 - 19 - 52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct. 21, 1952	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	24D. LOCATION (City, town, or county) (State) Pikesville, Md.
DATE RECEIVED BY LOCAL REGISTRAR Oct 20 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR John O. Hatchell Sons Inc.	ADDRESS 1900 Eutaw Place

VS 150

To be approved by the medical examiner
Dr. H. Felt

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9550**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Southcomb MILLARD LEONARD		2. DATE OF DEATH 10/18/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore,	
B. FULL NAME OF HOSPITAL OR INSTITUTION Luthern Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson,	
C. Length of stay in Baltimore 1 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 500 Park Ave.	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 31, 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Special Agent		10B. KIND OF BUSINESS OR INDUSTRY Life Insurance Co.	9. AGE (In years last birthday) 54 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Millard F. Leonard		14. MOTHER'S MAIDEN NAME Mary Southcomb	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Eleanor S. Leonard		ADDRESS 500 Park Ave.	

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **CORONARY ARTERY**
DUE TO

SCLEROSIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

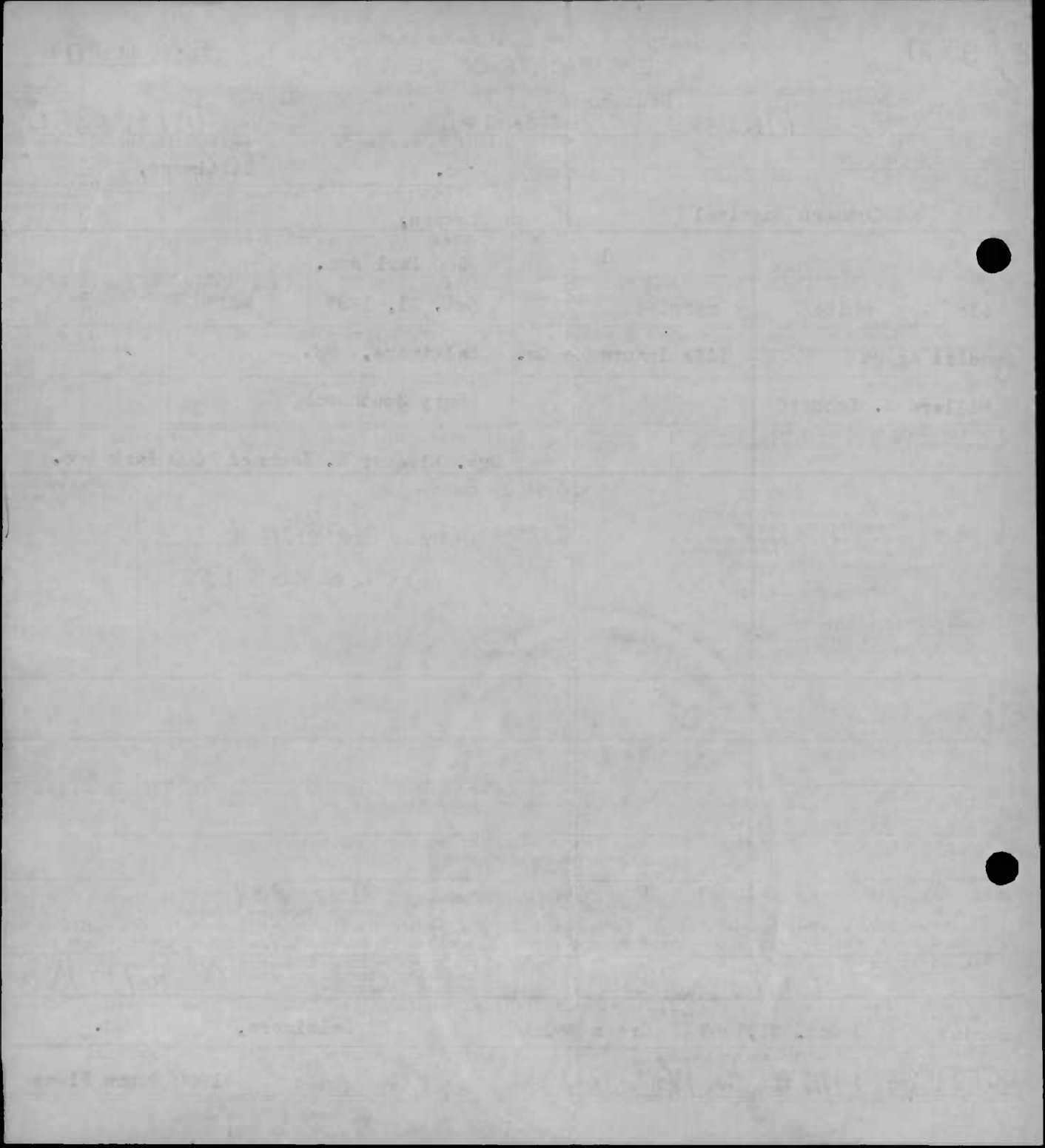
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE [Signature]		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 10/19/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct. 21, 1952	24C. NAME OF CEMETERY OR CREMATORY Green Mount	24D. LOCATION (City, town, or county) Baltimore,	(State) Md.

DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John O. Mitchell, Inc.	ADDRESS 1900 Eutaw Place
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45023 10 9 5 5 5



160

52 9561

52 9561

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____	
1. NAME OF DECEASED (Type or Print) Anna Barbara Weber	
2. DATE OF DEATH Oct. 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2624 N. Charles St.	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. Md. B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION _____	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 12-06	
7. STREET ADDRESS (If rural, give location) 2624 N. Charles St.	
8. Length of stay in Baltimore 56 Yrs. <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days	
9. SEX Female	10. COLOR OR RACE white
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	12. DATE OF BIRTH March 24, 1859
13. AGE (In years last birthday) 93	14. Under 1 Year Months: Days
15. Under 24 Hours Hours: Min.	16. CITIZEN OF WHAT COUNTRY?
17. BIRTHPLACE (State or foreign country) Dresden, Ohio	
18. MOTHER'S MAIDEN NAME Angelina Egbert	
19. FATHER'S NAME Nicholas Moser	
20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
21. SOCIAL SECURITY NO. _____	
22. INFORMANT ADDRESS Miss H. Aimee Weber 2624 N. Charles St.	
23. CAUSE OF DEATH 18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Chm. myxomatosis + Hypostatic Pneumonia DUE TO (B) Generalized arteriosclerosis DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH Indefinite II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Indefinite	
24. DATE OF OPERATION 0 25. MAJOR FINDINGS OF OPERATION	
26. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
30. TIME (Month) (Day) (Year) (Hour) INJURY	
31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
32. HOW DID INJURY OCCUR?	
33. I hereby certify that I attended the deceased from _____, 1952, to Oct 18, 1952 that I last saw the deceased alive on Oct 15, 1952 , and that death occurred at 3 m., from the causes and on the date stated above.	
34. SIGNATURE Walter M. Beck M.D. 35. ADDRESS 2818 St Paul St Baltimore Md. 36. DATE SIGNED Oct 18-52	
37. BURIAL, CREMATION, REMOVAL (Specify) Burial	
38. DATE Oct. 20, 1952	
39. NAME OF CEMETERY OR CREMATORY Druid Ridge	
40. LOCATION (City, town, or county) (State) Pikesville, Md.	
41. DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1952	
42. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
43. FUNERAL DIRECTOR ADDRESS John O. Mitchell Sons Inc. 1900 Eutaw Pl.	

MEDICAL CERTIFICATION

12560009556

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

NAME OF DECEASED	
AGE	
SEX	
RACE	
BIRTH DATE	
BIRTH PLACE	
MARRIAGE DATE	
MARRIAGE PLACE	
OCCUPATION	
EDUCATION	
RELIGION	
MILITARY SERVICE	
PREVIOUS ILLNESS	
CAUSE OF DEATH	
MANNER OF DEATH	
SIGNATURE OF PHYSICIAN	
SIGNATURE OF WITNESS	
SIGNATURE OF DECEASED	

CAUSE OF DEATH	
MANNER OF DEATH	
SIGNATURE OF PHYSICIAN	
SIGNATURE OF WITNESS	
SIGNATURE OF DECEASED	
DATE OF DEATH	
TIME OF DEATH	
PLACE OF DEATH	
CITY	
STATE	
COUNTRY	
SIGNATURE OF REGISTRAR	
DATE OF REGISTRATION	
PLACE OF REGISTRATION	
CITY	
STATE	
COUNTRY	

300

52 9562

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 9562

1. NAME OF DECEASED (Type or Print) JOHN R. SCOTT		2. DATE OF DEATH October 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-02	
D. STREET ADDRESS (If rural, give location) 1005 Granby Street		5. LENGTH OF STAY IN BALTIMORE 35 yrs.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH June 18, 1907
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen.	9. AGE (In years last birthday) 45
13. FATHER'S NAME Unknown		14. MOTHER'S MARDEN NAME Mittie Leggett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Helen Scott - 1206 Shelburne Rd.		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William C. Scott		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Oct. 15, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct. 20, 1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	24D. LOCATION (City, town, or county) (State) Anne Arundel County, Md.		
DATE RECEIVED BY LOCAL REGISTRAR 10-17-52	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Mrs. Robert A. Elliott & Daughters			

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52 9553

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9553
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALENTY ROMAN

2. DATE
OF
DEATH

10-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 130 S. Patterson Prk Ave

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION St. Joseph's Home For Aged

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 31

1-05

Length of stay in Baltimore

?

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

130 S. Patterson Park Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb, 14-1880

9. AGE (In years
last birthday)

72

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

?

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
217-03-0644

17. INFORMANT

ADDRESS

Sr. Helen Grenda 130 S. Patterson Prk Ave

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hypertensive
Cardiovascular

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Disease

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held Inquiry + Inspection from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Francis J. Januszewski M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

10-19-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10-22-1952

24C. NAME OF CEMETERY OR REPOSITORY

Holy Rosary

24D. LOCATION (City, town, or county) (State)

German Hill Rd Balto, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 20 1952

Huntington Williams

George A. Weber 705 S. Ann st

VS 151

1952 OCT 20 9 55 0

STATE OF NEW YORK

George A. Miller

260
52 9584BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9584

BIRTH NO. 52-17613

1. NAME OF DECEASED
(Type or Print)

Robert Eugene Kiser

2. DATE
OF
DEATH

Oct. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

July 25, 1902

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.12. CITIZEN OF
WHAT COUNTRY?

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

JAMES EDWARD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

18. 274X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Adrenal Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 11, 1952, to Oct. 18, 1952, that I last saw the
deceased alive on Oct. 18, 1952, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 20 1952

VS 150

19520209559

52 9585

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9585

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REBECCA GOLDMAN

2. DATE
OF
DEATH

October 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4100 Fairfax Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5143 Nelson Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

1884

9. AGE (In years
last birthday)

68

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Harris B. Cohen

14. MOTHER'S MAIDEN NAME

Leah ??

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Barney Goldman- 4004 Woodmere Ave

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hematoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized Metastases

DUE TO

(C) Carcinoma of Breast

1 day

2 years

4 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5/22, 1950, to 10/19, 1952, that I last saw the
deceased alive on 10/19, 1952, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2320 Eutan m

10/29/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/20/52

24C. NAME OF CEMETERY OR CREMATORY

Greater Baltimore Lodge Cem

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 20 1952

Huntington Williams, M.D.

Sol. Levinson - Bro - 1124-26 W.

VS 150

19520009560

North Ave.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Race	
4. Date of birth		5. Date of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of hospice	
19. Signature of other institution		20. Signature of other person		21. Signature of other person	
22. Signature of other person		23. Signature of other person		24. Signature of other person	
25. Signature of other person		26. Signature of other person		27. Signature of other person	
28. Signature of other person		29. Signature of other person		30. Signature of other person	
31. Signature of other person		32. Signature of other person		33. Signature of other person	
34. Signature of other person		35. Signature of other person		36. Signature of other person	
37. Signature of other person		38. Signature of other person		39. Signature of other person	
40. Signature of other person		41. Signature of other person		42. Signature of other person	
43. Signature of other person		44. Signature of other person		45. Signature of other person	
46. Signature of other person		47. Signature of other person		48. Signature of other person	
49. Signature of other person		50. Signature of other person		51. Signature of other person	
52. Signature of other person		53. Signature of other person		54. Signature of other person	
55. Signature of other person		56. Signature of other person		57. Signature of other person	
58. Signature of other person		59. Signature of other person		60. Signature of other person	
61. Signature of other person		62. Signature of other person		63. Signature of other person	
64. Signature of other person		65. Signature of other person		66. Signature of other person	
67. Signature of other person		68. Signature of other person		69. Signature of other person	
70. Signature of other person		71. Signature of other person		72. Signature of other person	
73. Signature of other person		74. Signature of other person		75. Signature of other person	
76. Signature of other person		77. Signature of other person		78. Signature of other person	
79. Signature of other person		80. Signature of other person		81. Signature of other person	
82. Signature of other person		83. Signature of other person		84. Signature of other person	
85. Signature of other person		86. Signature of other person		87. Signature of other person	
88. Signature of other person		89. Signature of other person		90. Signature of other person	
91. Signature of other person		92. Signature of other person		93. Signature of other person	
94. Signature of other person		95. Signature of other person		96. Signature of other person	
97. Signature of other person		98. Signature of other person		99. Signature of other person	
100. Signature of other person		101. Signature of other person		102. Signature of other person	

352

52 9586

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9586

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary S. Weidinger

2. DATE
OF
DEATH

10-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

5304 Ruth Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md. 26-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore - Md.

D. STREET ADDRESS (If rural, give location)

5304 Ruth Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Housewife

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Lawrence Knoerlein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Weidinger - 616 McEwen Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

1/2 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary insufficiency

3 yrs

(C) DUE TO

Generalized arteriosclerosis

5 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19, 1952, to 10/17, 1952, that I last saw the deceased alive on 8/5, 1952, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

22A. SIGNATURE

Conrad P. Ruster

M. D.

23B. ADDRESS

3128 Hayford Rd

23C. DATE SIGNED

10/18/52

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

10-21-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore - Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Shelly & Zileck - 403 S Wolfe

-600

52 9557

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9557
Registered No.

1. NAME OF DECEASED (Type or Print) Ruby C. Gray		2. DATE OF DEATH OCT 15 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY BALTO.	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 333 Thrush Ct.	
C. Length of stay in Baltimore 30 yrs		8. DATE OF BIRTH 4-19-17	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	9. AGE (In years last birthday) 35
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC	
11. BIRTHPLACE (State or foreign country) LYNCHBURG, VA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WM. CARTER		14. MOTHER'S MAIDEN NAME JULIA CLARK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	
18. 445X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Malignant Hypertension		INTERVAL BETWEEN ONSET AND DEATH about 6 mo.	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK			
22. I hereby certify that I attended the deceased from 10-6- , 19 52 to 10-15- , 19 52 that I last saw the deceased alive on 10-15- , 19 52 and that death occurred at 1140 P m., from the causes and on the date stated above.			
23A. SIGNATURE Thomas Hendrix		23B. ADDRESS JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED 10/16/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 10/20/52	
24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM'L. PK.		24D. LOCATION (City, town, or county) (State) BALTO. COUNTY, MD.	
25. FUNERAL DIRECTOR CHARLES G. COOPER-512 CARROLLTON AV			

MEDICAL CERTIFICATION

72084 Charles G. Cooper

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

DATE OF BIRTH

SEX

DATE OF DEATH

PLACE OF BIRTH

EDUCATION

RELIGION

INDUSTRY

CAUSE OF DEATH

AGE

PLACE OF DEATH

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
SAN FRANCISCO, CALIFORNIA

RECEIVED BY

RECEIVED BY
STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
SAN FRANCISCO, CALIFORNIA

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500
52 9558BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9558
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Barston Toon

2. DATE
OF
DEATH

Oct. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-02

D. STREET ADDRESS (If rural, give location)

723 Disquith St.

c. Length of stay in Baltimore

8 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12-16-1912

9. AGE (In years,

last birthday)

39

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Scholar

10B. KIND OF BUSINESS OR INDUSTRY

On General

11. BIRTHPLACE (State or foreign country)

McDonald N.C. U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Toon

14. MOTHER'S MAIDEN NAME

Chinnie Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 023X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cardiac failure

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Aortic Insufficiency

2 yrs

(C)

Syphilis

12 yrs

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

1D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6, 1952 to 10/19, 1952, that I last saw the deceased alive on 10/19, 1952 and that death occurred at 8.00 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Michael W. Oil

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-20-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10-23-52

24C. NAME OF CEMETERY OR CREMATORY

Aarson Cem.

24D. LOCATION (City, town, or county)

Fairmount N.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington W.

25. FUNERAL DIRECTOR

ADDRESS

Elroyo Wilson 1000 Bantley

OCT 20 1952

VS 150

195-97899 0 9563

nk

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
STATE OF NEW YORK

Form No. 10

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Handwritten signature

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Handwritten notes
Handwritten notes

10-2-61

10-2-61

236
52 9559BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9559

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give

township)

d. STREET ADDRESS (If rural, give location)

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHICH COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

18. 446x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 mos

2 yrs

10 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/6 1952, to 10/17, 1952 that I last saw the
deceased alive on 10/17, 1952 and that death occurred at 11:55 A. M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

5 976300 9 5 6 4

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

[Faint, illegible handwritten text in the upper section of the form, likely containing personal information and details of the death.]

<p>1. NAME OF DECEASED</p> <p><i>[Faint handwritten name]</i></p>	<p>2. PLACE OF DEATH</p> <p><i>[Faint handwritten address]</i></p>	<p>3. DATE OF DEATH</p> <p><i>[Faint handwritten date]</i></p>
<p>4. SEX</p> <p><i>[Faint handwritten sex]</i></p>	<p>5. AGE</p> <p><i>[Faint handwritten age]</i></p>	<p>6. OCCUPATION</p> <p><i>[Faint handwritten occupation]</i></p>
<p>7. MARITAL STATUS</p> <p><i>[Faint handwritten marital status]</i></p>	<p>8. CAUSE OF DEATH</p> <p><i>[Faint handwritten cause of death]</i></p>	<p>9. MANNER OF DEATH</p> <p><i>[Faint handwritten manner of death]</i></p>
<p>10. SIGNATURE OF DECEASED</p> <p><i>[Faint handwritten signature]</i></p>	<p>11. SIGNATURE OF WITNESS</p> <p><i>[Faint handwritten signature]</i></p>	<p>12. SIGNATURE OF PHYSICIAN</p> <p><i>[Faint handwritten signature]</i></p>
<p>13. SIGNATURE OF REGISTRAR</p> <p><i>[Faint handwritten signature]</i></p>	<p>14. SIGNATURE OF CLERK</p> <p><i>[Faint handwritten signature]</i></p>	<p>15. SIGNATURE OF JUDGE</p> <p><i>[Faint handwritten signature]</i></p>

534
52 9570
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9570
Registered No.

1. NAME OF DECEASED (Type or Print) AUGUSTA A. BANDEL			2. DATE OF DEATH 10/17/52		
3. PLACE OF DEATH: a. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE MD b. COUNTY 15-04		
b. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Maryland General Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
d. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 2000 Clifton Ave; #17		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH	9. AGE (In years last birthday) 82	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Kappler, Jacob			14. MOTHER'S MAIDEN NAME Anna Marshall		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Raymond Bandel, 2000 Clifton Ave.		

18. E 903.0	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)		(A) injury of the intra-abdominal organs with possible ruptured intestines.	
ANTECEDENT CAUSES		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY William V. South M.D. OR ASST. MEDICAL EXAMINER	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2000 Clifton Ave; #17	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10/7/52		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell & hit her abdomen to a chair	
22. I hereby certify that I attended the deceased from 10/8/ , 19 52 to 10/17 , 19 52 that I last saw the deceased alive on 10/17 , 19 52 and that death occurred at 2 A.m. , from the causes and on the date stated above.					
23a. SIGNATURE Lois B. Baker		23b. ADDRESS M.D. Maryland General Hospital		23c. DATE SIGNED 10/17/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-21-52		24c. NAME OF CEMETERY OR CREMATORY Loudon Park	
				24d. LOCATION (City, town, or county) (State) Baltimore	

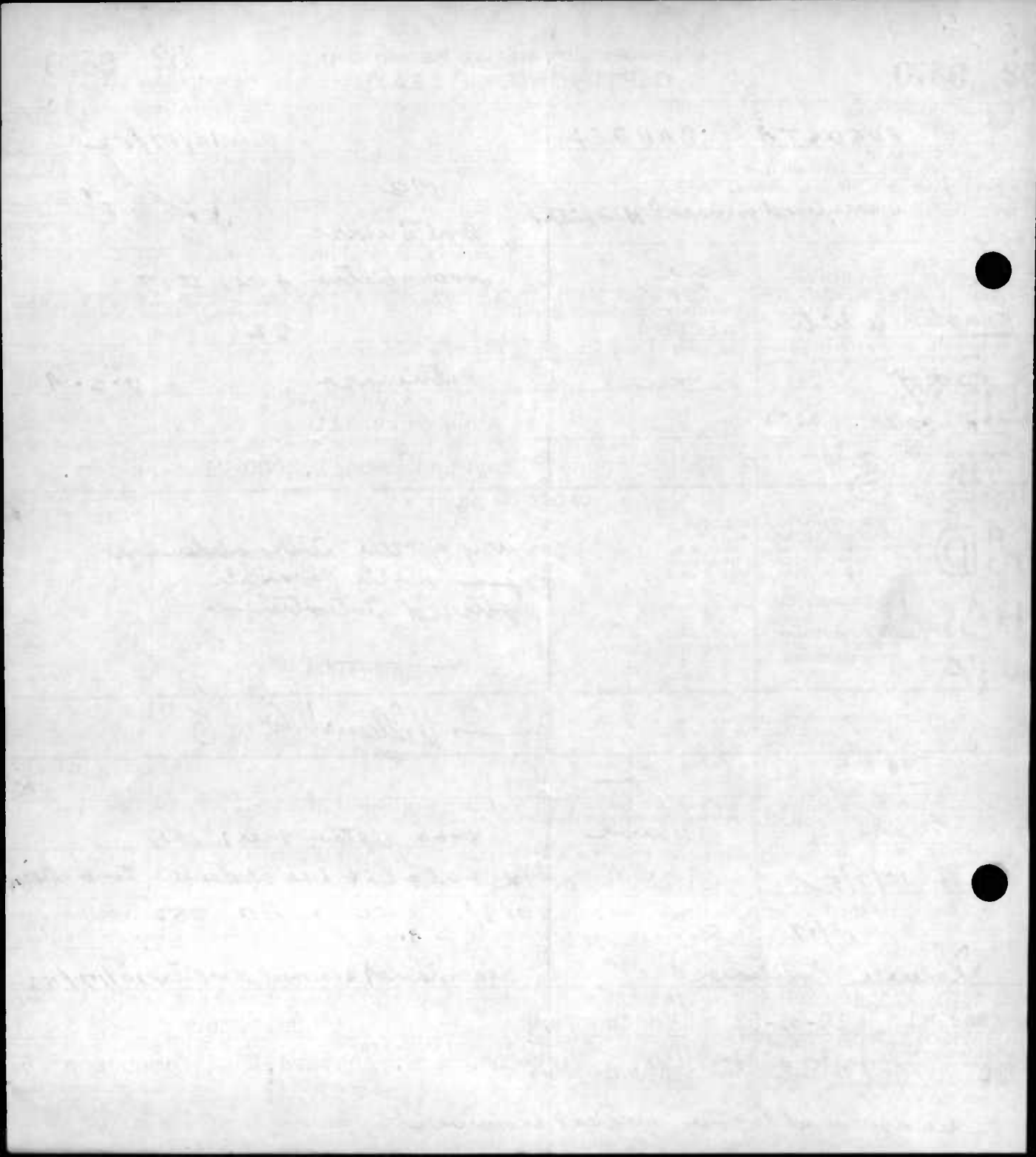
DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Howard H. Hubbard, 2503 Edmondson Ave	ADDRESS
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VS 150

N 863.0
To be approved by the medical examiner

9 5 6 5

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 9571

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CONRAD ENGLERT		2. DATE OF DEATH October 19, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 11-02	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
d. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 1223 N. Charles Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 32
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 40 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
13. FATHER'S NAME Geo Englert		11. BIRTHPLACE (State or foreign country) PADUCAH KY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Margaret Kauffman	
		17. INFORMANT ADDRESS	

18. 581.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Acute Alcoholism XOEXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) Fatty Liver XOEXX		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <i>William W. H. [Signature]</i>		23b. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23c. DATE SIGNED 10/20/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-20-52	24c. NAME OF CEMETERY OR CREMATORY PADUCAH KY		24d. LOCATION (City, town, or county) (State) PADUCAH KY
DATE RECEIVED BY LOCAL REGISTRAR Oct 20 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR Howard H. Hubbard ADDRESS 2102 Edmondson

MF

640

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9572

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY REGIS HURLEY		2. DATE OF DEATH 10-19-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP		6. CITY OR TOWN (If outside corporate limits, write R.R. and give township) BALTIMORE	
7. Length of stay in Baltimore LIFE Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) The BLACKSTONE APTS. - BALTO. 18	
9. SEX F	10. COLOR OR RACE W	11. DATE OF BIRTH 6/16/76	
12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		13. AGE (In years last birthday) Months Days 76	
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		15. BIRTHPLACE (State or foreign country) BALTIMORE, MD.	
16. KIND OF BUSINESS OR INDUSTRY -		17. CITIZEN OF WHAT COUNTRY? USA	
18. FATHER'S NAME CHARLES G. STUART		19. MOTHER'S MAIDEN NAME MARY ROSENSTEEL	
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		21. SOCIAL SECURITY NO. ?	
22. INFORMANT Hospital Record		23. ADDRESS	

18. **154X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **generalized peritonitis + multiple abdominal abscesses**
DUE TO

(B) **perforation of rectum**
DUE TO

(C) **Carcinoma of rectum**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 10-19-52		19B. MAJOR FINDINGS OF OPERATION Hemorrhoidectomy		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **19**, to **19**, that I last saw the deceased alive on **10-19**, 19**52**, and that death occurred at **5:40** pm., from the causes and on the date stated above.

23A. SIGNATURE J. S. Hubbard		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED 10-19-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct 21, 1952		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville Md.		25. FUNERAL DIRECTOR Henry W. Jenkins, Sons & Co. 4908 York Rd		26. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		27. VS 150	

19520109567

MEDICAL CERTIFICATION

500

82

STATE OF TEXAS

COUNTY OF DALLAS

WARRANT

FOR THE ARREST OF

JOHN W. WATKINS

ON A CHARGE OF

VIOLATION OF

THE PROBATION

ORDER OF THE

COURT OF CRIMINAL

JUSTICE OF THE

COUNTY OF DALLAS

IN CASE NO. 10,000

ISSUED BY THE

COURT OF CRIMINAL

JUSTICE OF THE

COUNTY OF DALLAS

ON THE 10th DAY OF

APRIL 1964

AT DALLAS, TEXAS

JOHN W. WATKINS

VS. THE STATE OF TEXAS

BY _____

CLERK OF COURT

IN WITNESS WHEREOF

I HAVE HEREIN SET

MY HAND AND SEAL

OF OFFICE

THIS 10th DAY OF

APRIL 1964

AT DALLAS, TEXAS

JOHN W. WATKINS

VS. THE STATE OF TEXAS

BY _____

CLERK OF COURT

IN WITNESS WHEREOF

I HAVE HEREIN SET

MY HAND AND SEAL

OF OFFICE

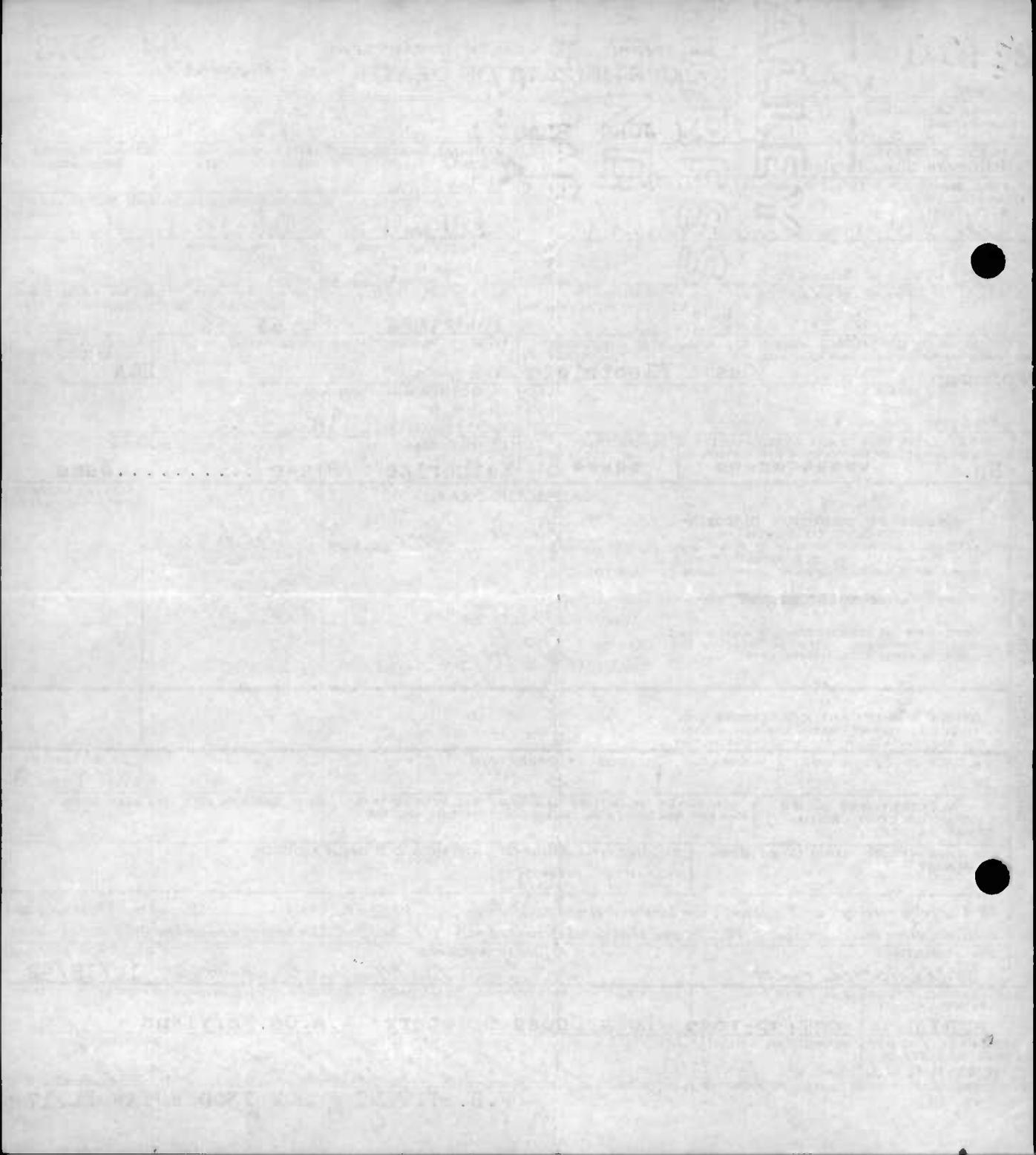
THIS 10th DAY OF

APRIL 1964

AT DALLAS, TEXAS

2429
3573BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9573
Registered No.

BIRTH NO.			2. DATE OF DEATH 10/18/52		
1. NAME OF DECEASED (Type or Print) John Blase (JOHN BLASE)			3. PLACE OF DEATH: A. Baltimore City, Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Maryland B. COUNTY Anne Arundel County		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Delmont Station Delmont 7-574		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/19*1886	9. AGE (in years last birthday) 65 66	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman			11. BIRTHPLACE (State or foreign country) Germany		
13. FATHER'S NAME Joseph Blase			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No. *****			16. SOCIAL SECURITY NO. *****		
17. INFORMANT Katherine Blase			ADDRESS Same		
18. 467.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Acute Internal Bleeding?			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Malignancy of P. coli? (C) Bleeding ulcer?					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pneumonia Rt.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 10/18/52, 19__, to 10/18/52, 19__, that I last saw the deceased alive on 10/18/52, 19__, and that death occurred at 8:10 A. m., from the causes and on the date stated above.					
23A. SIGNATURE W. M. Conway			23B. ADDRESS M. D. South Baltimore Genl Hosp		
23C. DATE SIGNED 10/18/52					
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			24B. DATE OCT:22:1952		
24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery			24D. LOCATION (City, town, or county) A.A.Co. Maryland		
24E. DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1952			24F. REGISTRAR'S SIGNATURE		
24G. FUNERAL DIRECTOR			24H. ADDRESS		



562
52 9574
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9574

1. NAME OF DECEASED (Type or Print) Heinrich, Adolph (ADOLPH HEINRICH)			2. DATE OF DEATH October 17, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5200		
C. Length of stay in Baltimore 50 years			D. STREET ADDRESS (If rural, give location) 7914 35th Street #6		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9 - 8 - 1876		9. AGE (in years last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			11. BIRTHPLACE (State or foreign country) Austria		12. CITIZEN OF WHAT COUNTRY? USA
10B. KIND OF BUSINESS OR INDUSTRY Factory			14. MOTHER'S MAIDEN NAME Unknown		
13. FATHER'S NAME Adolph Heinrich			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		
16. SOCIAL SECURITY NO. 212-03-3865			17. INFORMANT ADDRESS ANNA E. HEINRICH..... SAME		
18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Hypostatic pneumonia DUE TO (B) Adenocarcinoma of rectum DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION Sept. 25, Oct. 3, 1952			19B. MAJOR FINDINGS OF OPERATION Adenocarcinoma of rectum		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from September 23, 1952 to October 17, 1952 , that I last saw the deceased alive on Oct. 17, 1952 and that death occurred at 2:30 pm. , from the causes and on the date stated above.					
23A. SIGNATURE A. A. Wood			23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED Oct. 17, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE OCT. 20, 1952	24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY		24D. LOCATION (City, town, or county) (State) BALTIMORE MARYLAND
DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1952		REGISTRAR'S SIGNATURE H. W. Wippert & Son		25. FUNERAL DIRECTOR ADDRESS F.B. WIPPERT & SON 1300 EUTAW PL. 17	

350
AB-164077
52 9575
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9575
Registered No.

1. NAME OF DECEASED (Type or Print) Fred C. Stein (FREDERICK C. STEIN)		2. DATE OF DEATH Oct. 18-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1306 Parkman Ave. zone 30	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 25-1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10B. KIND OF BUSINESS OR INDUSTRY BUILDING	9. AGE (in years last birthday) 70
13. FATHER'S NAME Rudolph Stein		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO.		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. *****		14. MOTHER'S MAIDEN NAME Augusta Eberdt	
17. INFORMATION Baltimore City Hospitals Records: 4940 Eastern Ave.		18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebrovascular Accident	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular Accident		INTERVAL BETWEEN ONSET AND DEATH 24hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10-14 , 19 52 to 10-18 , 19 52 that I last saw the deceased alive on 10-18 , 19 52 , and that death occurred at 12.15AM from the causes and on the date stated above.				
23A. SIGNATURE H.C. Johns		23B. ADDRESS M. D. 4940 Eastern Ave. Balto., Md.		23C. DATE SIGNED 10-18-1952
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE OCT-21-1952	24C. NAME OF CEMETERY OR CREMATORY WESTERN CEMETERY	24D. LOCATION (City, town, or county) (State) BALTIMORE MARYLAND	
DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1952		25. FUNERAL DIRECTOR Huntington Williams, M.D.		

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

TO: SAC, ALBUQUERQUE (100-101) FROM: SAC, PHOENIX (100-101)

RE: MURDER OF MARTIN LUTHER KING, JR.

PHOENIX, ARIZONA, MAY 1, 1968

URGENT

TO: DIRECTOR, FBI (100-442611)

FROM: SAC, PHOENIX (100-101)

MURDER OF MARTIN LUTHER KING, JR.

PHOENIX, ARIZONA, MAY 1, 1968

RE: MURDER OF MARTIN LUTHER KING, JR.

PHOENIX, ARIZONA, MAY 1, 1968

PHOENIX, ARIZONA, MAY 1, 1968

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-1-80 BY 60322 UCBAW/BJS

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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DATE 10-1-80 BY 60322 UCBAW/BJS

100-101

PHOENIX, ARIZONA, MAY 1, 1968

PHOENIX, ARIZONA, MAY 1, 1968

PHOENIX, ARIZONA, MAY 1, 1968

PHOENIX, ARIZONA, MAY 1, 1968

PHOENIX, ARIZONA, MAY 1, 1968

642
2 9576

URLAKIS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9576

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Amelia B. Urlakis</i>		2. DATE OF DEATH <i>10/19/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>17 N. Tremont Rd.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 28-04</i>			
C. Length of stay in Baltimore <i>63 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>17 N. Tremont Rd.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE/MARRIED, WIDOWED/DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 17, 1879</i>	9. AGE (In years last birthday) <i>73</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>tailor-sew</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Cambridge, Maryland</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
12. CITIZEN OF WHAT COUNTRY? <i>Am.</i>		13. FATHER'S NAME <i>Geoffrich Barth d.m.</i>		14. MOTHER'S MAIDEN NAME <i>Marie Ernest</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>Mrs. John Stewarsky</i> ADDRESS <i>17 N. Tremont Rd.</i>	
18. <i>446x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>uremia</i> DUE TO ANTECEDENT CAUSES <i>arteriosclerotic kidney</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>arteriosclerotic kidney</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <i>uremia</i> <i>arteriosclerotic kidney</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 HRS</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-25-45</i> , 19__, to <i>10-19-52</i> , 19__, that I last saw the deceased alive on <i>10-19-52</i> , 19__, and that death occurred at <i>10-19-52</i> m. from the causes and on the date stated above.					
23A. SIGNATURE <i>Harry S. Lumbel</i>		23B. ADDRESS <i>2763</i>		23C. DATE SIGNED <i>10-10-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>10/22/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Ed. Ave</i>		24E. (State) <i>MD.</i>		25. FUNERAL DIRECTOR <i>John Howard Son, 901 Salmon St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 20 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS	

MEDICAL CERTIFICATION

690546

143
52 9577
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9577
Registered No.

1. NAME OF DECEASED (Type or Print) CHARLES A. SEIBOLD		2. DATE OF DEATH OCT. 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pikesville 5300	
c. Length of stay in Baltimore 18 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 12 Linden Terrace	
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 23, 1934 18
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Thomas J. Seibold		14. MOTHER'S MAIDEN NAME Frances E. Debus	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Thomas J. Seibold		ADDRESS 12 Linden Terr. Pikesville	

18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. chronic glomerulonephritis (B) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. hypertension (C)		

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept. 30, 1952** to **Oct. 18, 1952**, that I last saw the deceased alive on **Oct. 18, 1952**, and that death occurred at **11:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE J. D. Hubbard		23B. ADDRESS M. D. Union Memorial Hosp		23C. DATE SIGNED 10-18-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/21/52		24C. NAME OF CEMETERY OR CREMATORY David Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville Md		25. FUNERAL DIRECTOR Frank A. Powell		ADDRESS Pikesville	
DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Frank A. Powell	

200-36895

52 9578

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9578

1. NAME OF DECEASED (Type or Print) Walter Szech (Sacks)		2. DATE OF DEATH Oct. 17-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 25	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave., Baltimore City Hospitals	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 16-1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer		11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Michael Szech		14. MOTHER'S MAIDEN NAME Louise Scharf	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		18. 026X	

18. 026X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Acute Vascular Collapse		6hrs	
DUE TO					
ANTECEDENT CAUSES		(B) Pulmonary Infarct			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) Central Nervous System Syphilis		20yrs	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 10-8-1952		19B. MAJOR FINDINGS OF OPERATION Tracheotomy		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-10- , 19 38 to 10-17- , 19 52 , that I last saw the deceased alive on 10-17- , 19 52 , and that death occurred at 2.15PM from the causes and on the date stated above.					
23A. SIGNATURE H. Sander		M. D. 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 10-18-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 10/21/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery Baltimore, Md.	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		24F. ADDRESS BALTO., 13, MD.	

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Sey. P. Jank

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9579**

320
2 9579
BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE C. LUTZ		2. DATE OF DEATH Oct. 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3010 Clearview Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3010 Clearview Avenue	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 21, 1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10B. KIND OF BUSINESS OR INDUSTRY own business	9. AGE (in years last birthday) 86 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME August Lutz		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Mary Most	
		17. INFORMANT 3010 Clearview Avenue 14 Mrs Rebecca V. Lutz	

<p>18. 331X</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Cerebral Hemorrhage Arteriosclerosis</p> <p>(B)</p> <p>(C)</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>1 hr. 5 yrs.</p>

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **July 10**, 19**52** to **Oct. 18**, 19**52**, that I last saw the deceased alive on **Oct. 17**, 19**52**, and that death occurred at **10 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE <i>John E. Sigmond</i>		23B. ADDRESS 1613 E. North Ave.		23C. DATE SIGNED 10-20-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10, 21, 52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery Baltimore, Md.		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR Oct 20 1952	REGISTRAR'S SIGNATURE <i>Henrietta Williams</i>	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9580

BIRTH NO. 552 9580		1. NAME OF DECEASED (Type or Print) <i>John Manning</i>		2. DATE OF DEATH <i>Oct. 18, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Johns Hopkins Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Anne Arundel</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Pasadena</i>			
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>21 Lake Dr. 5200</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>10-28-1888</i>	9. AGE (in years last birthday) <i>63</i>	10. Under 1 Year Months: Days: 11. Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Manager Cunningham</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Manning Food Co</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Michael Manning</i>		14. MOTHER'S MARDEN NAME <i>Margaret Schneider</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>215-07-3731</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>600.0</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Chemia</i>		<i>Unknown</i>	
ANTECEDENT CAUSES		(B) <i>Chronic pyelonephritis, probable</i>		<i>Unknown</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/2</i> , 19 <i>52</i> to <i>10/18</i> , 19 <i>52</i> that I last saw the deceased alive on <i>10/18</i> , 19 <i>52</i> and that death occurred at <i>5:30 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John R. Quinn Jr.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10/18/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>10/22/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cemetery</i>	
				24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 20 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i>	
				ADDRESS <i>BALTO. 13, Md. George F. Sander</i>	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

John Doe

NAME OF DECEASED

DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH

SIGNATURE OF PHYSICIAN

DATE OF DEATH

655
9581BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9581

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Libbie Freeman

2. DATE
OF
DEATH

Oct. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4403 St. Georges Ave.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED, (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

13. FATHER'S NAME

Charles Lambert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Oct. 31, 1897

9. AGE (In years
last birthday)

54

10. Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Bladen Co. N.C.

12. CITIZEN OF
WHAT COUNTRY?

American

14. MOTHER'S MAIDEN NAME

Fannie?

17. INFORMANT

Mrs. Anna Craker

18. 490X

CAUSE OF DEATH

Lobar pneumonia

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT ☐
m. WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-16-52, 1952, to 10-17-52, 1952, that I last saw the
deceased alive on 10-12-52, 1952 and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 20 1952

Huntington Williams, M.D.

1631 N. Main St. Hill Ave.

VS 150

19520009576

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9582**

120
52 9582
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Hattie R. Davage			2. DATE OF DEATH 10/18/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2418 Woodbrook Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
C. Length of stay in Baltimore 35 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2418 Woodbrook Ave.		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 27, 1883	9. AGE (In years, last birthday) 68	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Missionary			10B. KIND OF BUSINESS OR INDUSTRY Churches		11. BIRTHPLACE (State or foreign country) Glen Arm, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Geo. Davage		
14. MOTHER'S MAIDEN NAME Josephine Blair			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. None			17. INFORMANT ADDRESS Henrietta Davage - 2418 Woodbrook Ave.		

18. 442X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) arteriosclerotic cardio - renal disease		INTERVAL BETWEEN ONSET AND DEATH 18 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1951 , 19__, to Oct , 19 52 , that I last saw the deceased alive on Oct 18, 1952 , and that death occurred at 11 A m., from the causes and on the date stated above.					
23A. SIGNATURE James D. Carr		23B. ADDRESS 1427 Madison Ave		23C. DATE SIGNED 10.20.52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/21/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Zion	
24D. LOCATION (City, town, or county) (State) Long Green, Md.		25. FUNERAL DIRECTOR Wm. J. Chatman, Jr. 1901 Mt. Cullough St. Balto, Md.			
DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, Md.			

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9583**

BIRTH NO. 2 63 9583		1. NAME OF DECEASED (Type or Print) THOMAS W. MCCARTHY		2. DATE OF DEATH 10/19/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY 8-05			
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1814 REGESTER ST			
5. SEX MD	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 5/21/86	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLASTERER		10B. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) STATEN ISLAND N.Y.	
13. FATHER'S NAME JAMES MCCARTHY		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME NOT KNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS OLIVE M. MCCARTHY 1814 REGESTER ST	

18. 541.0 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Peritonitis		18 hrs.
DUE TO (A) Ruptured duodenal ulcer		18 hrs.
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
DUE TO (B)		
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/18/52 , to 10/18/52 , that I last saw the deceased alive on 10/18/52 , and that death occurred at 6:15 m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. J. J. Friedman		23B. ADDRESS 1737 E. North Ave		23C. DATE SIGNED 10/20/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 10/22/52		24C. NAME OF CEMETERY OR CREMATORY PARKWOOD	
24D. LOCATION (City, town, or county) (State) BALTIMORE MD		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M. J. Williams & Hoffmann 1639 Broadway			
DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, M. J. Williams & Hoffmann			

THE MRS. W. M. SARTON

MR.

W. M. SARTON

1015 WEST 12TH

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242
52 9584

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9584

1. NAME OF DECEASED (Type or Print) John Ford McLaughlin			2. DATE OF DEATH October 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hosp. 1400 N. Caroline St. #13			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore LIFETIME			D. STREET ADDRESS (If rural, give location) 1515 Covington St. #30		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 3-6-1885		9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER			10B. KIND OF BUSINESS OR INDUSTRY BY P. STORAS		11. BIRTHPLACE (State or foreign country) Baltimore
13. FATHER'S NAME CHARLES McLAUGHLIN			14. MOTHER'S MAIDEN NAME ELLEN KOLTER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. _____		
17. INFORMANT FAMILY			ADDRESS 1515 COVINGTON ST.		

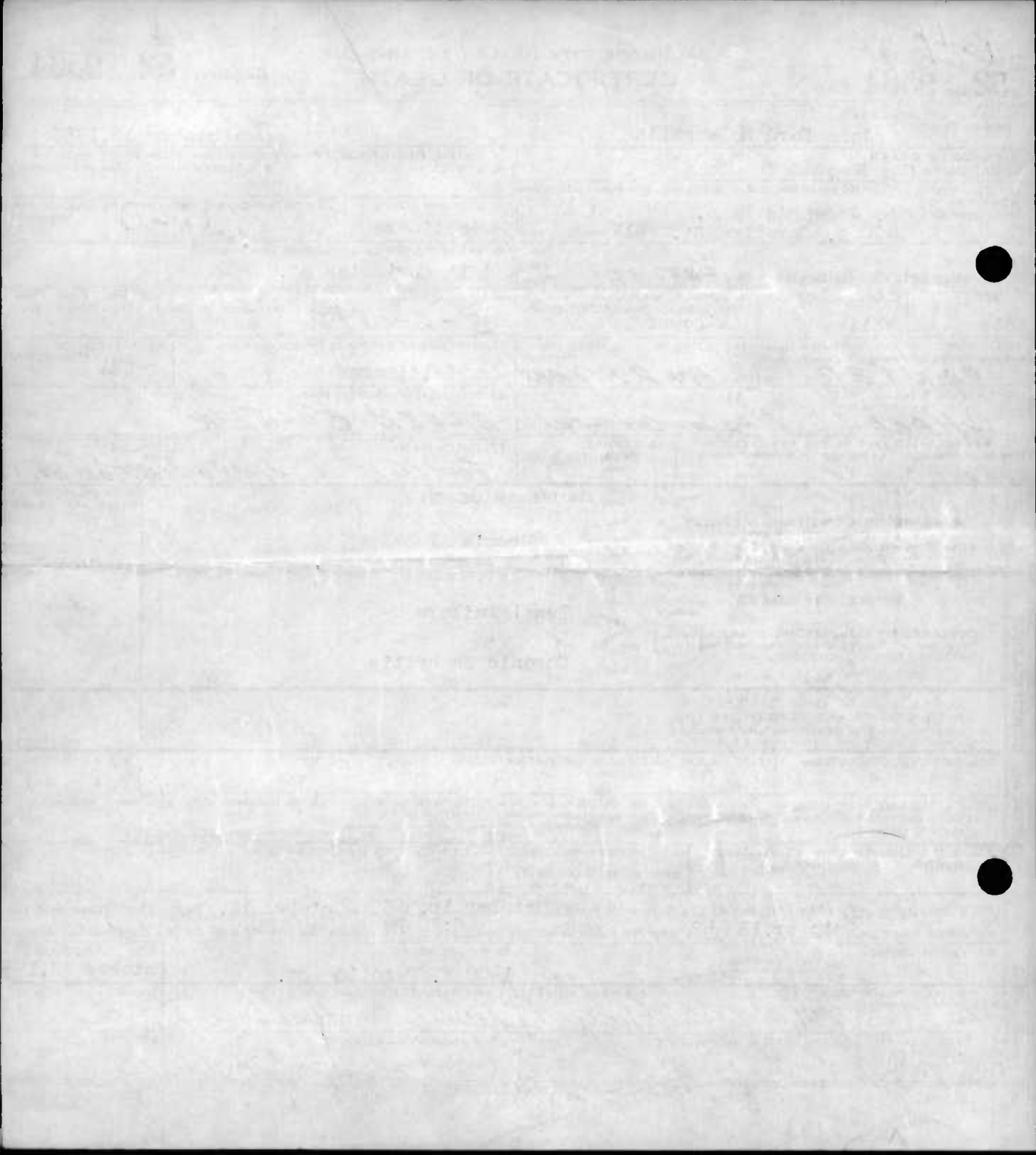
18. 592x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) _____		Uremia		
DUE TO				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____		
		DUE TO		
		(C) _____		
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **October 16, 1952**, to **October 18, 1952** that I last saw the deceased alive on **October 18, 1952**, and that death occurred at **8:30 PM**, from the causes and on the date stated above.

23A. SIGNATURE **Carlo Forno** 23B. ADDRESS **1400 N. Caroline St.** 23C. DATE SIGNED **October 18, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 10/21/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR James J. McCully		ADDRESS	



425

52 9585

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9585

1. NAME OF DECEASED (Type or Print) <i>James Wilson</i>		2. DATE OF DEATH <i>10/16/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1938 E. Lafayette Ave</i>		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>Baltimore 8-05</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1938 E. Lafayette Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec. 12, 1863</i>
9. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Elevator Operator</i>		10. B. KIND OF BUSINESS OR INDUSTRY <i>U.S. Post Office</i>	
11. FATHER'S NAME <i>James Wilson</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. SOCIAL SECURITY NO. <i>-</i>		16. INFORMANT <i>Marlene Perry</i> ADDRESS <i>1938 E. Lafayette Ave</i>	

18. *E902.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

CERTIFICATION APPROVED BY

William W. [Signature]

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) *Aug 23 - 1952*

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-9-1952* to *10-16-1952*, that I last saw the deceased alive on *10-16-1952*, and that death occurred at *8-45 PM*, from the causes and on the date stated above.23A. SIGNATURE *George Adam*23B. ADDRESS *2327 W. North*23C. DATE SIGNED *10-18-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *10/20/52*24C. NAME OF CEMETERY OR CREMATORY *Ind. [Signature]*24D. LOCATION (City, town, or county) *Balto. Ind.*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *Huntington Williams*

25. FUNERAL DIRECTOR

ADDRESS *1216 W. Caroline St*

VS 150

N821.0

19520209580

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

CAUSE OF DEATH

DEATH OF CONSUMPTION

DEATH OF CONSUMPTION

DEATH OF CONSUMPTION

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50

52 9586

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9586

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DAVE or DAVID FLOAM		2. DATE OF DEATH OCT. 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-37	
c. Length of stay in Baltimore 55 YEARS Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3208 GWYNNS FALLS PKWY.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 15, 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTING SHOP		10B. KIND OF BUSINESS OR INDUSTRY PROPRIETOR	9. AGE (in years last birthday) 67 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) SWEDEN		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13. FATHER'S NAME ISAAC FLOAM		14. MOTHER'S MAIDEN NAME SOPHIA EPSTEIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT MR. VEROME FLOAM		ADDRESS 3309 Labyrinth Rd.	

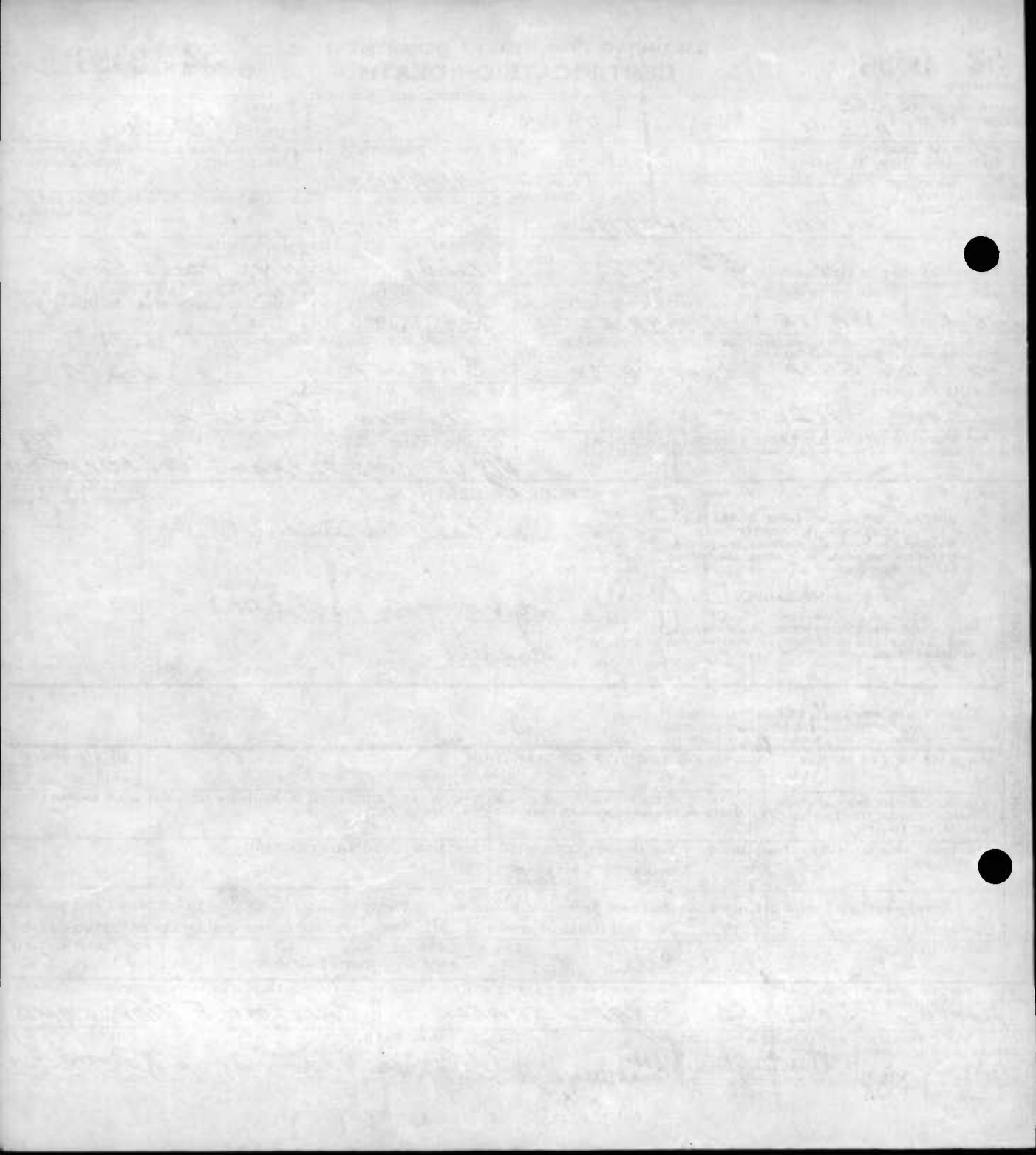
18. 601X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Standstill (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hydromyphrosis (Bilateral) Chemia (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-18 , 19 52 , to 10-20 , 19 52 , that I last saw the deceased alive on 10-20 , 19 52 , and that death occurred at 3:11 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. Bernard Balaban M. D.		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 10-20-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 10-21-52		24C. NAME OF CEMETERY OR CREMATORY B'NAI ISRAEL		24D. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND	
DATE RECEIVED BY LOCAL REGISTRAR OCT 21 1952 VS 150		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. J. Linnix		ADDRESS 1124-26 W. North Ave.	

1952 OCT 24 9 58 1

MEDICAL CERTIFICATION



BIRTH NO. 9587 Oscar Roper

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

Oct. 19 - 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital of Baltimore

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE b. COUNTY

MARYLAND BALTIMORE 13-02

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 2303 Euterpe St.

d. STREET ADDRESS (If rural, give location)

Ea. Monument St. and Rutland Ave

8. DATE OF BIRTH

4-7-03.

9. AGE (in years last birthday)

49

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

painter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

NORTH CAROLINA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jesse Roper

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

226-056239

17. INFORMANT

Lyndell Marie Roper

ADDRESS

2303 Euterpe St.

18.

177x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) CARCINOMATOSIS

DUE TO Carcinoma of lung with metastasis to spine

(B)

DUE TO Cancer of prostate

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 year.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on Oct 19 1952 and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE

J. Randolph

23b. ADDRESS

Sinai Hospital of Baltimore

23c. DATE SIGNED

10-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Oct 22 - 1952

24c. NAME OF CEMETERY OR CREMATORY

Greenlawn Cemetery

24d. LOCATION (City, town, or county)

Newport News Va.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph Farace Inc. 712-14 E. North Ave

ADDRESS

56424 109502

MEDICAL CERTIFICATION

See Document File 52-9587

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52 9588

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9588

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Letha Robinson</i>		2. DATE OF DEATH <i>Oct. 16, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		c. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township) <i>8-07</i>			
c. Length of stay in Baltimore <i>years</i>		d. STREET ADDRESS (If rural, give location) <i>1632- Ellsworth St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>? ? 1910</i>	9. AGE (in years last birthday) <i>42</i>	10 Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>D.P.W.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>?</i>		11. BIRTHPLACE (State or foreign country) <i>Columbia S.C.</i>	
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Floyd Washington - 625 N. Main St.</i>	
18. <i>331X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>cerebral vascular accident;</i> DUE TO <i>left templogia</i> (B) <i>hypertension</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>7 mos (history)</i> <i>unknown</i>	
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10.19.</i> , 19 <i>52</i> , to <i>10.16.</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>10.15.</i> , 19 <i>52</i> , and that death occurred at <i>11 A.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>D. Carr</i>		23b. ADDRESS M. D. <i>1427 Madison Ave</i>		23c. DATE SIGNED <i>10.20.52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10/21/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Int. Auburn Cem.</i>	
24d. LOCATION (City, town or county) (State) <i>Maryland</i>		24e. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, M.D. Halstead 218-Grand Hill E</i>			

1 9 5 2 0 0 0 9 5 8 8

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

OFFICE OF THE COMMISSIONER
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

OFFICE OF THE COMMISSIONER
BUREAU OF VITAL STATISTICS

655
52 9589BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9589

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA HARMAN

2. DATE
OF
DEATH

10/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2803 GARRISON Blvd

4. USUAL RESIDENCE (Where deceased lived if institution: residence
before admission)

A. STATE

B. COUNTY

119 S. AGUSTA AVE

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

GARRISON NURSING HOME

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

BALTIMORE MD

D. STREET ADDRESS (If rural, give location)

20-08

c. Length of stay in Baltimore

Yrs.
Mos.
Days
LIFE

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Richard A. Young 4305 ALLEN DRIVE

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Cerebral hemorrhage*
DUE TO

9 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Arteriosclerosis*
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) *Epilepsy*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from 10/10 1952 to 10/19 1952, that I last saw the
deceased alive on 10/19 1952, and that death occurred at 9:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

10/22/52

Louden Park Cem

FREDERICK RD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

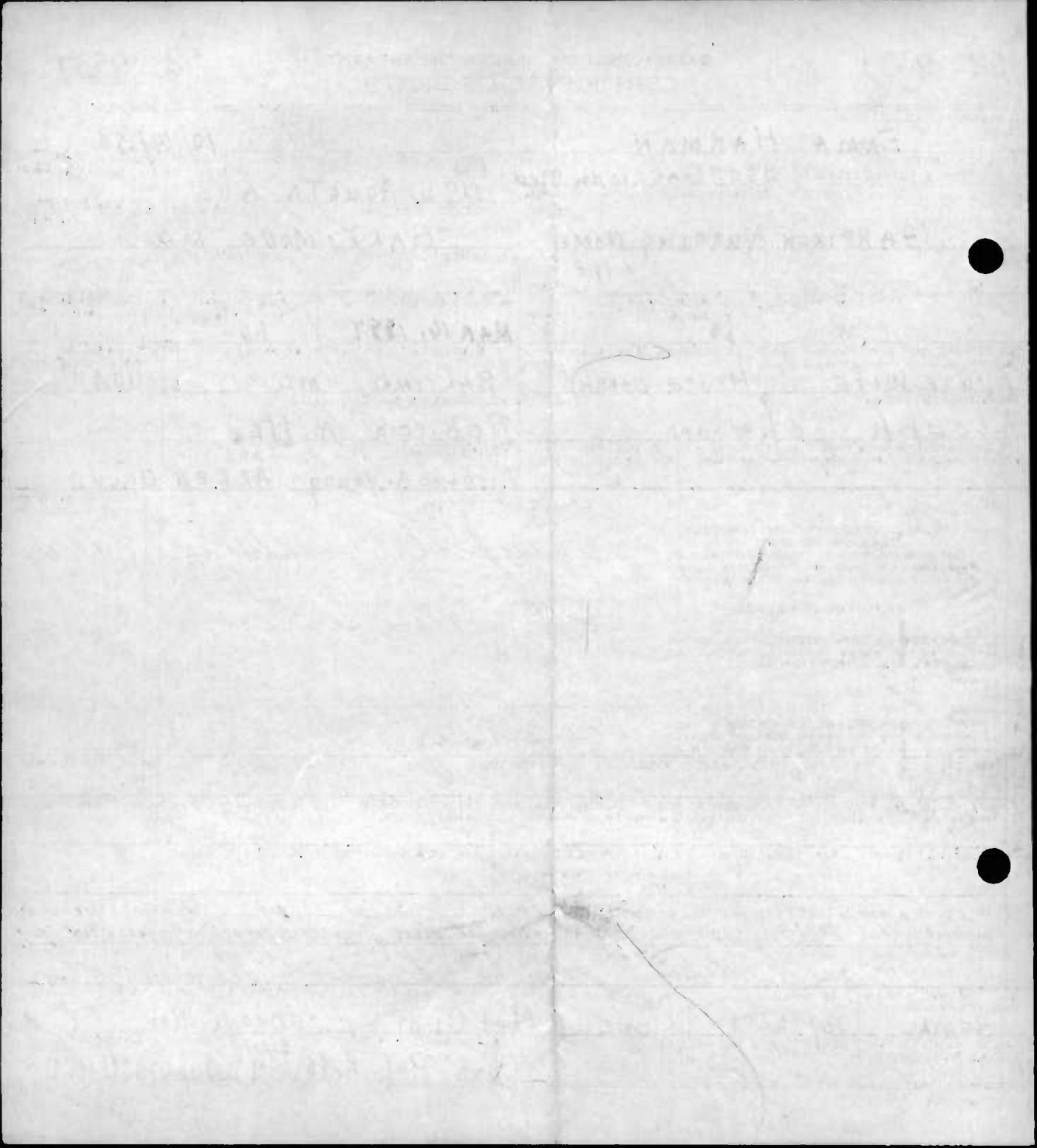
25. FUNERAL DIRECTOR

ADDRESS

OCT 21 1952

Huntington Williams, NY

Chas P. Towell 6411 Windermill Rd



CERTIFICATE CORRECTED 10-30-52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 9590
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John W. Parks		2. DATE OF DEATH 10/18/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland home		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 276 FORT AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 23-02	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 27 E. FORT AVE	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12/4/1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME William A. Parks		12. CITIZEN OF WHAT COUNTRY? MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Beatrice Green		ADDRESS 27 E. FORT AVE.	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 36 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis		many years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 10/18/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Oct 17, 1952 to Oct 19, 1952 that I last saw the deceased alive on Oct 18, 1952 and that death occurred at m. from the causes and on the date stated above.				
23A. SIGNATURE Walter John		23B. ADDRESS 1020 Fort Ave		23C. DATE SIGNED 10/20/52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 10/21/52	24C. NAME OF CEMETERY OR CREMATORY BALTO. CEM.	24D. LOCATION (City, town, or county) (State) BALTO. MARYLAND	
DATE RECEIVED BY LOCAL REGISTRAR OCT 21 1952		REGISTRAR'S SIGNATURE Huntington Williams		
25. FUNERAL DIRECTOR James McCully		ADDRESS 130 FORT AVE		

CERTIFICATE OF DEATH
BALTIMORE CITY HEALTH DEPARTMENT

IS 6800

0000

1. NAME OF DECEASED <i>John Doe</i>		2. SEX <i>Male</i>		3. AGE <i>45</i>	
4. DATE OF DEATH <i>Jan 15 1950</i>		5. TIME OF DEATH <i>10:30 AM</i>		6. PLACE OF DEATH <i>Home</i>	
7. CAUSE OF DEATH <i>Myocardial Infarction</i>		8. MANNER OF DEATH <i>Natural</i>		9. SIGNATURE OF PHYSICIAN <i>Dr. J. Smith</i>	
10. SIGNATURE OF REGISTRAR <i>John Doe</i>		11. SIGNATURE OF WITNESS <i>John Doe</i>		12. SIGNATURE OF WITNESS <i>John Doe</i>	
13. SIGNATURE OF WITNESS <i>John Doe</i>		14. SIGNATURE OF WITNESS <i>John Doe</i>		15. SIGNATURE OF WITNESS <i>John Doe</i>	
16. SIGNATURE OF WITNESS <i>John Doe</i>		17. SIGNATURE OF WITNESS <i>John Doe</i>		18. SIGNATURE OF WITNESS <i>John Doe</i>	
19. SIGNATURE OF WITNESS <i>John Doe</i>		20. SIGNATURE OF WITNESS <i>John Doe</i>		21. SIGNATURE OF WITNESS <i>John Doe</i>	
22. SIGNATURE OF WITNESS <i>John Doe</i>		23. SIGNATURE OF WITNESS <i>John Doe</i>		24. SIGNATURE OF WITNESS <i>John Doe</i>	
25. SIGNATURE OF WITNESS <i>John Doe</i>		26. SIGNATURE OF WITNESS <i>John Doe</i>		27. SIGNATURE OF WITNESS <i>John Doe</i>	
28. SIGNATURE OF WITNESS <i>John Doe</i>		29. SIGNATURE OF WITNESS <i>John Doe</i>		30. SIGNATURE OF WITNESS <i>John Doe</i>	
31. SIGNATURE OF WITNESS <i>John Doe</i>		32. SIGNATURE OF WITNESS <i>John Doe</i>		33. SIGNATURE OF WITNESS <i>John Doe</i>	
34. SIGNATURE OF WITNESS <i>John Doe</i>		35. SIGNATURE OF WITNESS <i>John Doe</i>		36. SIGNATURE OF WITNESS <i>John Doe</i>	
37. SIGNATURE OF WITNESS <i>John Doe</i>		38. SIGNATURE OF WITNESS <i>John Doe</i>		39. SIGNATURE OF WITNESS <i>John Doe</i>	
40. SIGNATURE OF WITNESS <i>John Doe</i>		41. SIGNATURE OF WITNESS <i>John Doe</i>		42. SIGNATURE OF WITNESS <i>John Doe</i>	
43. SIGNATURE OF WITNESS <i>John Doe</i>		44. SIGNATURE OF WITNESS <i>John Doe</i>		45. SIGNATURE OF WITNESS <i>John Doe</i>	
46. SIGNATURE OF WITNESS <i>John Doe</i>		47. SIGNATURE OF WITNESS <i>John Doe</i>		48. SIGNATURE OF WITNESS <i>John Doe</i>	
49. SIGNATURE OF WITNESS <i>John Doe</i>		50. SIGNATURE OF WITNESS <i>John Doe</i>		51. SIGNATURE OF WITNESS <i>John Doe</i>	
52. SIGNATURE OF WITNESS <i>John Doe</i>		53. SIGNATURE OF WITNESS <i>John Doe</i>		54. SIGNATURE OF WITNESS <i>John Doe</i>	
55. SIGNATURE OF WITNESS <i>John Doe</i>		56. SIGNATURE OF WITNESS <i>John Doe</i>		57. SIGNATURE OF WITNESS <i>John Doe</i>	
58. SIGNATURE OF WITNESS <i>John Doe</i>		59. SIGNATURE OF WITNESS <i>John Doe</i>		60. SIGNATURE OF WITNESS <i>John Doe</i>	
61. SIGNATURE OF WITNESS <i>John Doe</i>		62. SIGNATURE OF WITNESS <i>John Doe</i>		63. SIGNATURE OF WITNESS <i>John Doe</i>	
64. SIGNATURE OF WITNESS <i>John Doe</i>		65. SIGNATURE OF WITNESS <i>John Doe</i>		66. SIGNATURE OF WITNESS <i>John Doe</i>	
67. SIGNATURE OF WITNESS <i>John Doe</i>		68. SIGNATURE OF WITNESS <i>John Doe</i>		69. SIGNATURE OF WITNESS <i>John Doe</i>	
70. SIGNATURE OF WITNESS <i>John Doe</i>		71. SIGNATURE OF WITNESS <i>John Doe</i>		72. SIGNATURE OF WITNESS <i>John Doe</i>	
73. SIGNATURE OF WITNESS <i>John Doe</i>		74. SIGNATURE OF WITNESS <i>John Doe</i>		75. SIGNATURE OF WITNESS <i>John Doe</i>	
76. SIGNATURE OF WITNESS <i>John Doe</i>		77. SIGNATURE OF WITNESS <i>John Doe</i>		78. SIGNATURE OF WITNESS <i>John Doe</i>	
79. SIGNATURE OF WITNESS <i>John Doe</i>		80. SIGNATURE OF WITNESS <i>John Doe</i>		81. SIGNATURE OF WITNESS <i>John Doe</i>	
82. SIGNATURE OF WITNESS <i>John Doe</i>		83. SIGNATURE OF WITNESS <i>John Doe</i>		84. SIGNATURE OF WITNESS <i>John Doe</i>	
85. SIGNATURE OF WITNESS <i>John Doe</i>		86. SIGNATURE OF WITNESS <i>John Doe</i>		87. SIGNATURE OF WITNESS <i>John Doe</i>	
88. SIGNATURE OF WITNESS <i>John Doe</i>		89. SIGNATURE OF WITNESS <i>John Doe</i>		90. SIGNATURE OF WITNESS <i>John Doe</i>	
91. SIGNATURE OF WITNESS <i>John Doe</i>		92. SIGNATURE OF WITNESS <i>John Doe</i>		93. SIGNATURE OF WITNESS <i>John Doe</i>	
94. SIGNATURE OF WITNESS <i>John Doe</i>		95. SIGNATURE OF WITNESS <i>John Doe</i>		96. SIGNATURE OF WITNESS <i>John Doe</i>	
97. SIGNATURE OF WITNESS <i>John Doe</i>		98. SIGNATURE OF WITNESS <i>John Doe</i>		99. SIGNATURE OF WITNESS <i>John Doe</i>	
100. SIGNATURE OF WITNESS <i>John Doe</i>		101. SIGNATURE OF WITNESS <i>John Doe</i>		102. SIGNATURE OF WITNESS <i>John Doe</i>	

164
52 9591BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9591
Registered No.

1. NAME OF DECEASED (Type or Print) <i>George W. Everly</i>		2. DATE OF DEATH <i>10-19-52</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balto</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mercy Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 5200</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>204 Glenmore Ave</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug 15 1893</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stationary Eng.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Balto. Ironworks</i>	9. AGE (In years last birthday) <i>59</i>
11. BIRTHPLACE (State or foreign country) <i>Rockville Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>George W. Everly</i>		14. MOTHER'S MAIDEN NAME <i>✓</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Hosp Records</i>		ADDRESS	

18. <i>541.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hemorrhage from duodenal ulcer</i>	CAUSE OF DEATH (A) <i>Hemorrhage from duodenal ulcer</i> DUE TO (B) <i>duodenal ulcer</i> DUE TO (C) <i></i>	INTERVAL BETWEEN ONSET AND DEATH <i>72 hrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-17</i> 19 <i>52</i> to <i>10-19</i> 19 <i>52</i> , that I last saw the deceased alive on <i>10-19</i> 19 <i>52</i> , and that death occurred at <i>8:52 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Greenville M. Tarrill</i>		23B. ADDRESS <i>Mercy Hosp</i>		23C. DATE SIGNED <i>10-19-52</i>	
24A. BURIAL CREMATION REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/22/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Ford Shippard</i>	
24D. LOCATION (City, town, or county) (State) <i>Ellicott City Md</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams</i>		24F. ADDRESS <i>Marhabb & Son</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 21 1952</i>		24H. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		24I. ADDRESS <i>5835 Catonsville 28</i>	

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Med Case Released to Hospital

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9592

Registered No.

52 9592

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alberta Smith

2. DATE
OF
DEATH

Oct. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 12-02

D. STREET ADDRESS (If rural, give location)

3131 N. Calvert St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 15, 1900

9. AGE (in years last birthday)

52

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cosmetic Saleslady

10B. KIND OF BUSINESS OR INDUSTRY

Read Drug Store

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harry Irvin

14. MOTHER'S MAIDEN NAME

Emma L. Newman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 322.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute & chronic alcoholism

6 years +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Alberta Smith, M.D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10/19, 1952 to 10/19, 1952 that I last saw the deceased alive on 10/19, 1952, and that death occurred at 10.15 P., from the causes and on the date stated above.

23A. SIGNATURE

Carol H. Johnson

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/22/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. G. G. Inc., 1212 St. Paul

ADDRESS

VS 150

To be approved by Board, Exam. 49064

MEDICAL CERTIFICATION

REPUBLICAN PARTY

Address of the donor

Amount of contribution

Signature of donor

25
non approval of Medical Examiner. — *Alizur*
52 9593
BIRTH NO. 52 9593
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 52 9593

1. NAME OF DECEASED (Type or Print) <i>Theodore L. Fangmann</i>		2. DATE OF DEATH <i>Oct - 19 - 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Lutheran Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>7</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Lutheran Hospital of Maryland</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore.</i> <i>23-01</i>	
C. Length of stay in Baltimore <i>Life long.</i>		D. STREET ADDRESS (If rural, give location) <i>1029 Hanover St. #30.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED.</i>	8. DATE OF BIRTH <i>1/23/1886</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>craft</i>	
13. FATHER'S NAME <i>Theodore Fangmann</i>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Wife.</i>		ADDRESS <i>1029 Hanover St.</i>	
18. <i>E902.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>C - U - A.</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>HAS CVD. -</i>		CERTIFICATION APPROVED BY <i>William Woods</i> M. D. OR-ASST. MEDICAL EXAMINER.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Fractured Left Humerus & Femur.</i>			
19A. DATE OF OPERATION <i>10/15/52.</i>	19B. MAJOR FINDINGS OF OPERATION <i>Fractured left Humerus & Femur.</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Accident.</i>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home.</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>1029 Hanover St.</i>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>10/14/52 4p.</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Fell out of Bed.</i>	
22. I hereby certify that I attended the deceased from <i>10/14/52</i> 19, to <i>10/19/52</i> 19, that I last saw the deceased alive on <i>10/19/52</i> 19, and that death occurred at <i>1p.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>A. Lieberman</i> M. D.		23B. ADDRESS <i>Lutheran Hospital</i>	23C. DATE SIGNED <i>10/19/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10/22/52.</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>UGT 21 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. G. J. Inc. 1217 St. Paul St.</i>	

VS 150
N821.0 *19552/02409500*

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witnesses		14. Signature of family		15. Signature of neighbors	
16. Signature of clergy		17. Signature of school		18. Signature of employer	
19. Signature of others		20. Signature of others		21. Signature of others	
22. Signature of others		23. Signature of others		24. Signature of others	
25. Signature of others		26. Signature of others		27. Signature of others	
28. Signature of others		29. Signature of others		30. Signature of others	
31. Signature of others		32. Signature of others		33. Signature of others	
34. Signature of others		35. Signature of others		36. Signature of others	
37. Signature of others		38. Signature of others		39. Signature of others	
40. Signature of others		41. Signature of others		42. Signature of others	
43. Signature of others		44. Signature of others		45. Signature of others	
46. Signature of others		47. Signature of others		48. Signature of others	
49. Signature of others		50. Signature of others		51. Signature of others	
52. Signature of others		53. Signature of others		54. Signature of others	
55. Signature of others		56. Signature of others		57. Signature of others	
58. Signature of others		59. Signature of others		60. Signature of others	
61. Signature of others		62. Signature of others		63. Signature of others	
64. Signature of others		65. Signature of others		66. Signature of others	
67. Signature of others		68. Signature of others		69. Signature of others	
70. Signature of others		71. Signature of others		72. Signature of others	
73. Signature of others		74. Signature of others		75. Signature of others	
76. Signature of others		77. Signature of others		78. Signature of others	
79. Signature of others		80. Signature of others		81. Signature of others	
82. Signature of others		83. Signature of others		84. Signature of others	
85. Signature of others		86. Signature of others		87. Signature of others	
88. Signature of others		89. Signature of others		90. Signature of others	
91. Signature of others		92. Signature of others		93. Signature of others	
94. Signature of others		95. Signature of others		96. Signature of others	
97. Signature of others		98. Signature of others		99. Signature of others	
100. Signature of others		101. Signature of others		102. Signature of others	

363		BALTIMORE CITY HEALTH DEPARTMENT		52 9594	
52 9594		CERTIFICATE OF DEATH		Registered No. 52 9594	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		George W. Stratmeyer		10/19/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		5. CITY OR TOWN	
		A. STATE Md.		B. COUNTY	
6. FULL NAME OF HOSPITAL OR INSTITUTION		7. STREET ADDRESS (If rural, give location)		8. DATE OF BIRTH	
508 S. Curley St.		508 S. Curley St.		8/5/1881	
c. Length of stay in Baltimore		9. AGE (in years last birthday)		10. CITIZEN OF WHAT COUNTRY?	
		71			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male		White		Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Engineer		Stationary		Balto. Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
J. Rudolph Stratmeyer		Margaret Schmidt			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
				Martha V. Stratmeyer	
18. 526 X and E 962.3		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(A) BRONCHIECTASIS -			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		DUE TO FRACTURE Right Hip			
ANTECEDENT CAUSES		PERONEAL NERVE INJURY Right			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		EMPHYSEMA			
		(B) ARTERIO SCLEROTIC HEART DISEASE			
		DUE TO ECZEMA of DERMATITIS			
		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY			
		William Woodward			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR?	
		Factory		L. Grief Bro. Homeland Ave	
21D. TIME (Month) (Day) (Year)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
6 APRIL 1949		WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		Ladder (3 Feet) Fell from LANDING ON Right Hip	
22. I hereby certify that I attended the deceased from 1 MAY 1950 to 19 OCT 1952, that I last saw the deceased alive on 19 OCT 1952, and that death occurred at 8:40 am., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
W. Kennedy Waller		Six Cathedral St.		20 Oct 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		10/22/52		Oak Lawn	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Balto. Md.		Wm Cook Inc.		1217 St. Paul St.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		FUNDING	
OCT 21 1952		Huntington Williams			
VS 150		1952583749589			
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100

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9595
Registered No. _____

200
162
BIRTH NO. 9595

1. NAME OF DECEASED (Type or Print) <i>EVA LEE EVER HICK</i>			2. DATE OF DEATH <i>10/19/52</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE <i>MD</i> b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident, Hospital</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i> <i>15-01</i>		
c. Length of stay in Baltimore <i>Life</i>			d. STREET ADDRESS (If rural, give location) <i>1617 N Carey St</i>		
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>neg-ro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>July 2, 1891</i>	9. AGE (In years last birthday) <i>61</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>			11. BIRTHPLACE (State or foreign country) <i>Balt, Md.</i>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>u.s</i>		
13. FATHER'S NAME <i>Dennis Ford</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Dorsey</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>John Hicks</i>			ADDRESS <i>1617 N Carey St</i>		

<p>18. <i>331X</i></p> <p>I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p><i>Cerebral Hemorrhage</i></p> <p>(A) DUE TO _____</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p><i>Hypertension</i></p> <p>(B) DUE TO _____</p> <p>(C) _____</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>CAUSE OF DEATH</p> <p>INTERVAL BETWEEN ONSET AND DEATH</p>

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *10-19*, 1952, to *10-19*, 1952, that I last saw the deceased alive on *10-19*, 1952, and that death occurred at *10:25 P* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Ray Adams</i> M. D.		23b. ADDRESS <i>2327 av. north</i>		23c. DATE SIGNED <i>10-20-52</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Oct 23 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn Cemetery</i>	
24d. LOCATION (City, town, or county) <i>Baltimore</i>		24e. (State) <i>MD</i>		25. FUNERAL DIRECTOR <i>Brooks Ruggles</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>10-22-52</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS <i>1463 N. Carey St</i>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9596
Registered No.

1. NAME OF DECEASED
(Type or Print)

LUKE R. SHERIDAN

2. DATE
OF
DEATH

10/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

212 E Pratt St

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4-01

D. STREET ADDRESS (If rural, give location)

212 E Pratt St

C. Length of stay in Baltimore

30 yrs

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

1906 ?

9. AGE (In years last birthday)

45 ?

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10B. KIND OF BUSINESS OR INDUSTRY

gum

13. FATHER'S NAME

Luke R. Sheridan

11. BIRTHPLACE (State or foreign country)

M.D.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Katherine Early

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

352-01-9794

17. INFORMANT

Alan Sheridan 254 N. Hilton St

ADDRESS

18. **581.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Cirrhosis of the liver**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒

ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

10/18/52

M.D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct 22 - 52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 21 1952

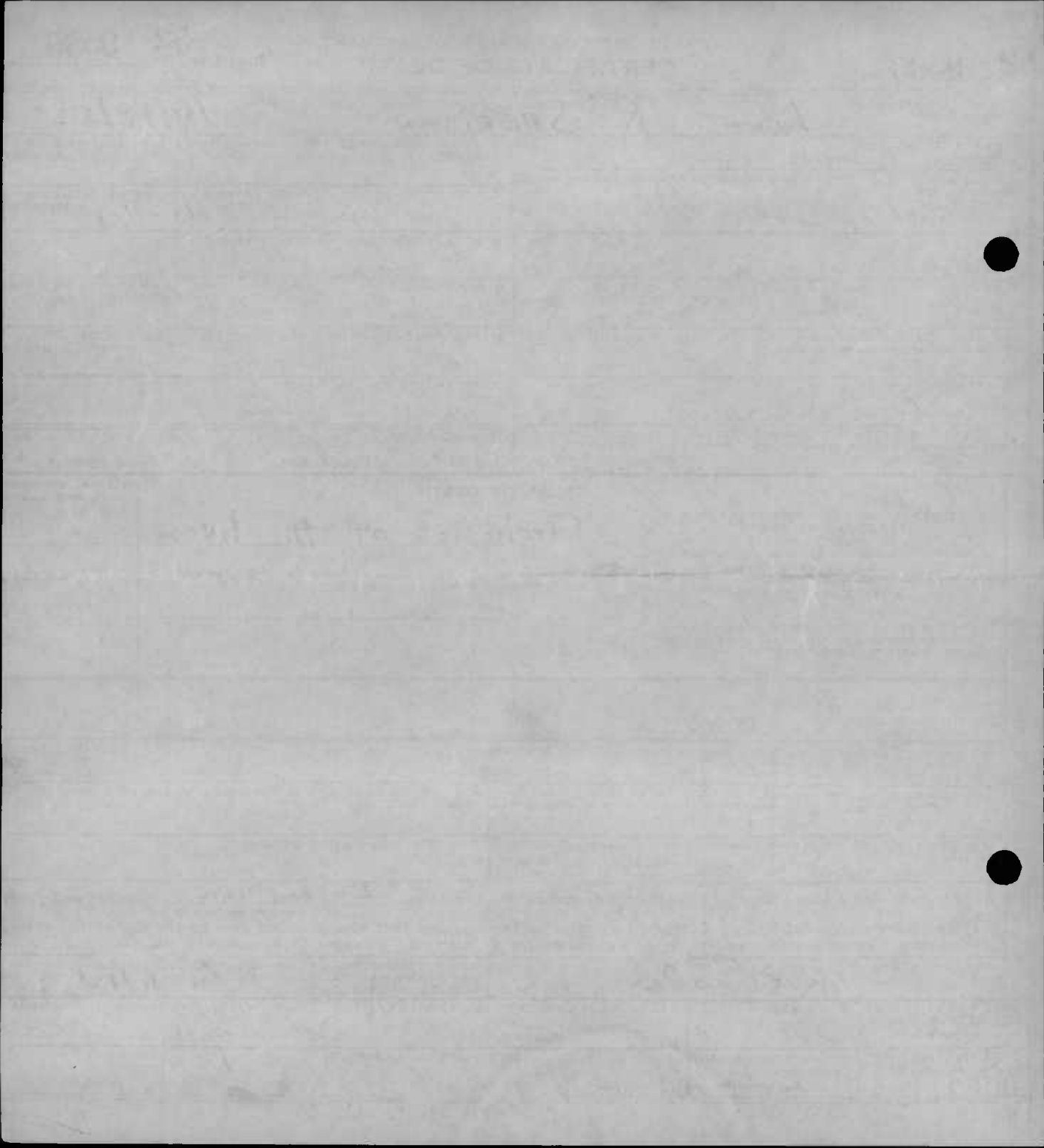
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Frank St. Seely 814 N. 36 St

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9597

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Connie DeBose

2. DATE
OF
DEATH

10/18/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE b. COUNTY before admission)

Md.

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

403 N. Stricker St.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

19-01

d. STREET ADDRESS (If rural, give location)

403 N. Stricker St.

e. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Female Col.
HousewifeMarried
10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

13. FATHER'S NAME

McClenen Lighty

8. DATE OF BIRTH

Sept. 8, 1907

9. AGE (In years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Bishopville S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Victoria Clyde

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 403
N. Stricker St.

Bennie DeBose

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Heart
Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

R. Fisher

23b. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

10/18/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 322 N

OCT 21 1952

Huntington Williams

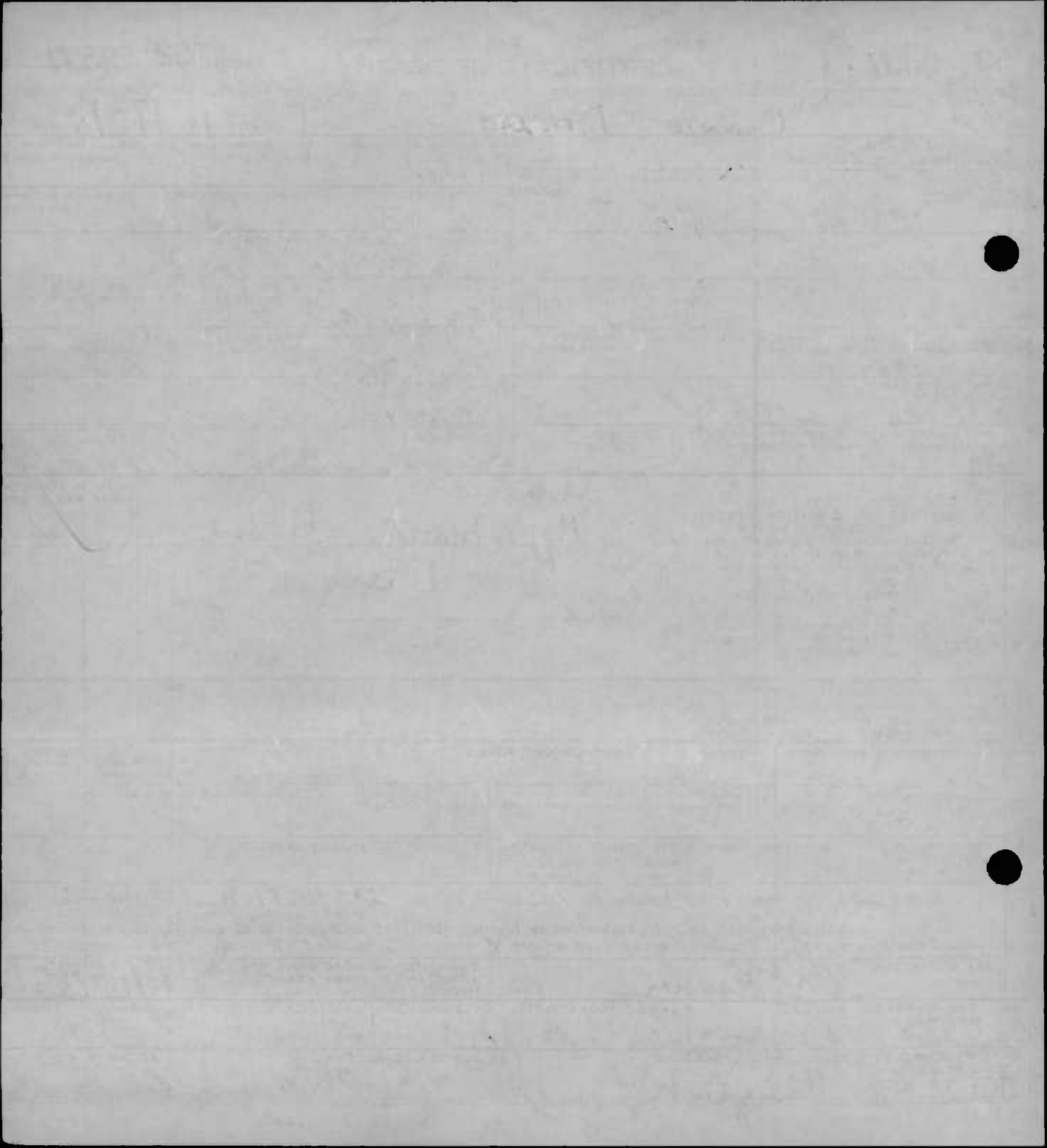
Mrs. Kate R. Williams

Schroeder

Schroeder

VS 151

1952 OCT 21 9 52



- 200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9598
Registered No.

52 9598
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Inez Moody Dix</i>			2. DATE OF DEATH <i>10/18/1952</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>1540 Appleton St.</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <i>1540 Appleton St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 13, 1911</i>	9. AGE (In years last birthday) <i>41</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balto Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Inez Moody</i>			14. MOTHER'S MAIDEN NAME <i>Julia L Brookens</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Julia Moody 1540 Appleton St.</i>		

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO (B) <i>Hypertension</i> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i> <i>6 months</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *April 15, 1911* to *Oct 18, 1952* that I last saw the deceased alive on *Oct 18, 1952* and that death occurred at *8 PM* m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. H. Williams</i>		23b. ADDRESS <i>5155th St. N.W.</i>		23c. DATE SIGNED <i>10/20/52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Oct 23, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 21 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Mrs. Kate R. Williams</i>		ADDRESS <i>3221 W. Schroeder St.</i>

MEDICAL CERTIFICATION

1952009598

INSTITUTE OF HEALTH CERTIFICATE
OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. PLACE OF BIRTH		5. OCCUPATION		6. MARITAL STATUS	
7. DATE OF DEATH		8. TIME OF DEATH		9. CAUSE OF DEATH	
10. PLACE OF DEATH		11. SIGNATURE OF PHYSICIAN		12. SIGNATURE OF REGISTRAR	
13. SIGNATURE OF WITNESS		14. SIGNATURE OF DECEASED		15. SIGNATURE OF NEXT OF KIN	
16. SIGNATURE OF BURIAL OFFICER		17. SIGNATURE OF CHURCH OFFICER		18. SIGNATURE OF FUNERAL HOME	
19. SIGNATURE OF CEMETERY OFFICER		20. SIGNATURE OF INTERMENT OFFICER		21. SIGNATURE OF INTERMENT OFFICER	
22. SIGNATURE OF INTERMENT OFFICER		23. SIGNATURE OF INTERMENT OFFICER		24. SIGNATURE OF INTERMENT OFFICER	
25. SIGNATURE OF INTERMENT OFFICER		26. SIGNATURE OF INTERMENT OFFICER		27. SIGNATURE OF INTERMENT OFFICER	
28. SIGNATURE OF INTERMENT OFFICER		29. SIGNATURE OF INTERMENT OFFICER		30. SIGNATURE OF INTERMENT OFFICER	
31. SIGNATURE OF INTERMENT OFFICER		32. SIGNATURE OF INTERMENT OFFICER		33. SIGNATURE OF INTERMENT OFFICER	
34. SIGNATURE OF INTERMENT OFFICER		35. SIGNATURE OF INTERMENT OFFICER		36. SIGNATURE OF INTERMENT OFFICER	
37. SIGNATURE OF INTERMENT OFFICER		38. SIGNATURE OF INTERMENT OFFICER		39. SIGNATURE OF INTERMENT OFFICER	
40. SIGNATURE OF INTERMENT OFFICER		41. SIGNATURE OF INTERMENT OFFICER		42. SIGNATURE OF INTERMENT OFFICER	
43. SIGNATURE OF INTERMENT OFFICER		44. SIGNATURE OF INTERMENT OFFICER		45. SIGNATURE OF INTERMENT OFFICER	
46. SIGNATURE OF INTERMENT OFFICER		47. SIGNATURE OF INTERMENT OFFICER		48. SIGNATURE OF INTERMENT OFFICER	
49. SIGNATURE OF INTERMENT OFFICER		50. SIGNATURE OF INTERMENT OFFICER		51. SIGNATURE OF INTERMENT OFFICER	
52. SIGNATURE OF INTERMENT OFFICER		53. SIGNATURE OF INTERMENT OFFICER		54. SIGNATURE OF INTERMENT OFFICER	
55. SIGNATURE OF INTERMENT OFFICER		56. SIGNATURE OF INTERMENT OFFICER		57. SIGNATURE OF INTERMENT OFFICER	
58. SIGNATURE OF INTERMENT OFFICER		59. SIGNATURE OF INTERMENT OFFICER		60. SIGNATURE OF INTERMENT OFFICER	
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85. SIGNATURE OF INTERMENT OFFICER		86. SIGNATURE OF INTERMENT OFFICER		87. SIGNATURE OF INTERMENT OFFICER	
88. SIGNATURE OF INTERMENT OFFICER		89. SIGNATURE OF INTERMENT OFFICER		90. SIGNATURE OF INTERMENT OFFICER	
91. SIGNATURE OF INTERMENT OFFICER		92. SIGNATURE OF INTERMENT OFFICER		93. SIGNATURE OF INTERMENT OFFICER	
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97. SIGNATURE OF INTERMENT OFFICER		98. SIGNATURE OF INTERMENT OFFICER		99. SIGNATURE OF INTERMENT OFFICER	
100. SIGNATURE OF INTERMENT OFFICER		101. SIGNATURE OF INTERMENT OFFICER		102. SIGNATURE OF INTERMENT OFFICER	

60

BIRTH NO. 52 9599

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9599

1. NAME OF DECEASED (Type or Print)		NORMAN RAYNOR		2. DATE OF DEATH October 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY X			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-36			
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 6102 Plantview Ave			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-5-03	9. AGE (In years last birthday) 49	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Solistic		10B. KIND OF BUSINESS OR INDUSTRY Balto News-Post		11. BIRTHPLACE (State or foreign country) B alto - Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME Harry M. Raynor		14. MOTHER'S MAIDEN NAME Mary V. Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Margaret Raynor - same	
18. 422.1		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Arteriosclerotic Cardiovascular Disease			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Williams		23B. CHIEF MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 10/20/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-23-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
24D. LOCATION (City, town, or county) (State) Balto - Md		24E. DATE RECEIVED BY LOCAL REGISTRAR OCT 21 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Lilly + Zechin - 403 S		25. ADDRESS Wolfe St			

MEDICAL CERTIFICATION

1

RECEIVED

1912

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9600
Registered No. _____

52 9600
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Henrietta Peterson</i>			2. DATE OF DEATH <i>Oct. 19-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>Harford Nursing Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 6-02</i>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>404 W. Port St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Sept. 2-1867</i>		9. AGE (In years last birthday) <i>85</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balto., Md.</i>	
13. FATHER'S NAME <i>Christian J. Iles</i>			14. MOTHER'S MAIDEN NAME <i>Not known</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Wm. H. Whick 3128 Abell Ave.</i>	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Arteriosclerotic cardio-vascular disease</i> DUE TO (B) <i>arteriosclerosis</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hypertension</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-1</i> , 1952 to <i>10-19</i> , 1952, that I last saw the deceased alive on <i>10-19</i> , 1952, and that death occurred at <i>7 A. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John J. Gould</i>		23B. ADDRESS <i>14 N. Eads Ave</i>		23C. DATE SIGNED <i>10-21-52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 22-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Pl. Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 21 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John H. Miller</i>		ADDRESS <i>2334 Jefferson St.</i>	

1 9 5 2 0 0 9 5 0 0

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DATE

NO.

BY

NAME

AGE

SEX

RESIDENCE

DATE OF DEATH

TIME

CAUSE OF DEATH

PLACE OF DEATH

BY

SIGNATURE

DATE

BY

NAME

AGE

SEX

RESIDENCE

DATE OF DEATH

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NAME

AGE

SEX

RESIDENCE

DATE OF DEATH

TIME

CAUSE OF DEATH

PLACE OF DEATH

BY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9601
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA

ELLEN

JOHNSON

2. DATE
OF
DEATH

October 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

915 N. Fremont Street

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

1900

9. AGE (In years
last birthday)

52

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

St Mary's Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Jim Carter

14. MOTHER'S MAIDEN NAME

Matilda ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Sara Carter 1401 Madison Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D. MEDICAL INVESTIGATOR.....☒

10/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/22/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

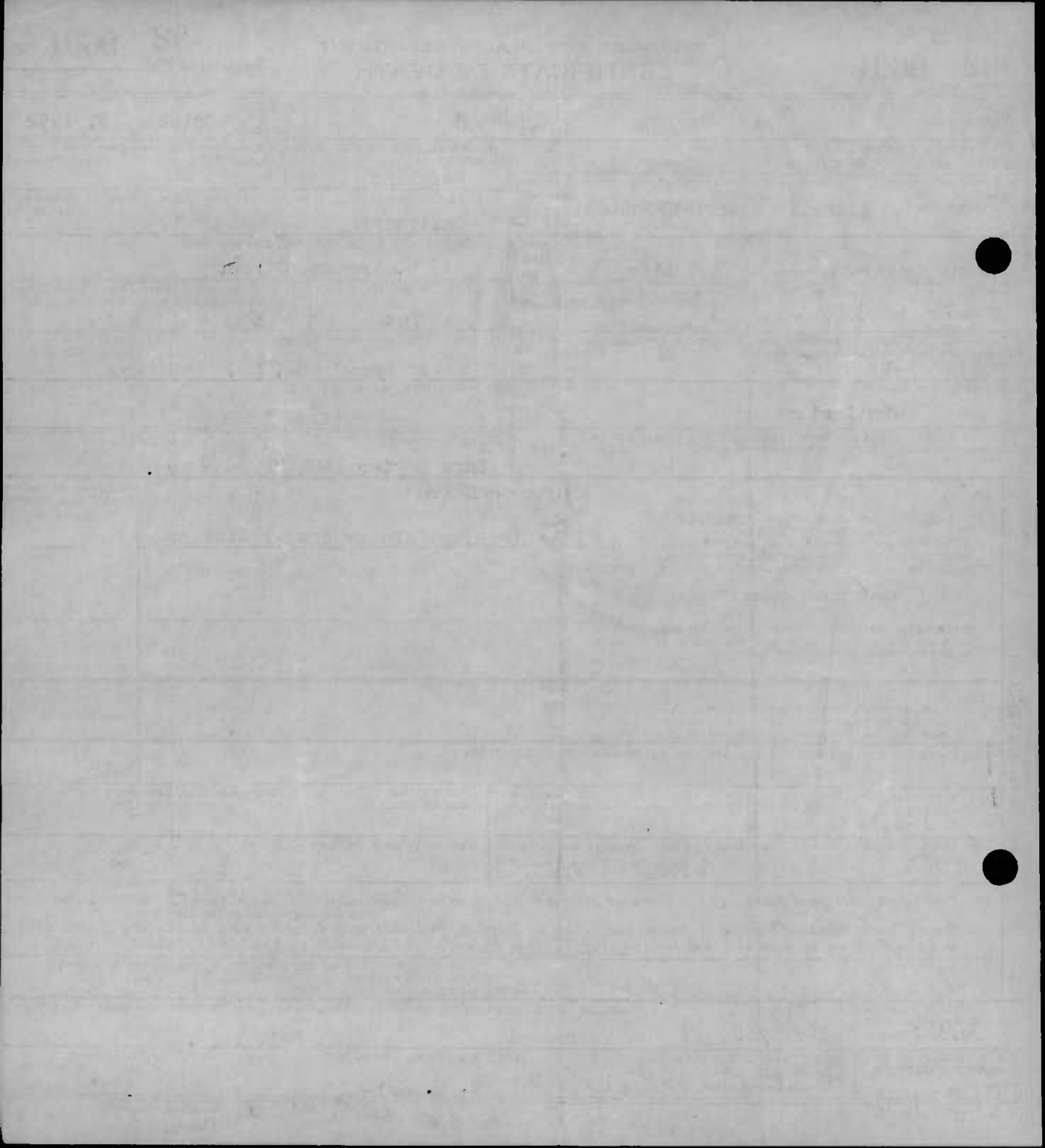
OCT 21 1952

Huntington Williams, M.D.

Geo. G. Kelson

Kelson
Funestman

7208A



-250

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

52 9602

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY <u>BALTIMORE CITY</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MD</u> COUNTY <u>KENT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>BALTIMORE CITY</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>CHESTERTOWN</u>	
TOWN <u>BALTIMORE CITY</u>		TOWN <u>CHESTERTOWN</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>6130 O'DONNELL ST</u>		STREET ADDRESS (If rural, give location) <u>Rural 6431</u>	
NAME OF DECEASED (Type or Print) <u>TRACE</u> (First) <u>M.</u> (Middle) <u>NEWSOME</u> (Last)		4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>21</u> (Year) <u>1952</u>	
SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>FEB 14, 1885</u>
9. AGE last birthday <u>67</u> yrs.	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>KENT CO MD.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
3. FATHER'S NAME <u>TRAZIER MEEKS</u>		14. MOTHER'S MAIDEN NAME <u>EMMA COLEMAN</u>	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>YES</u>	
17. INFORMANT AND ADDRESS <u>J. ELMER NEWSOME</u>		<u>CHESTERTOWN MD</u>	

153X		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		(a) <u>Carcinoma - Intestine</u>		?	
Immediate cause		(b) <u>Arterio sclerosis</u>		?	
Antecedent cause(s)		(c) <u>Arterio sclerosis</u>		?	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
9a. DATE OF OPERATION <u>9</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
1. ACCIDENT SUICIDE IN SUICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
2. INJURY (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from <u>Sept 30</u> , 19 <u>52</u> , to <u>Oct 20</u> , 19 <u>52</u> , that I last saw the deceased on <u>Oct 20</u> , 19 <u>52</u> , and that death occurred at <u>6:40 A</u> m., from the causes and on the date stated above.					
SIGNATURE		(Degree or title)		ADDRESS	
<u>Carl R Roetting MD</u>		<u>MD</u>		<u>1326 N Lombard St</u>	
DATE SIGNED				<u>Oct 21, 1952</u>	
3. BURIAL, CREMATION REMOVAL (Specify)		DATE		NAME OF CEMETERY OR CREMATORY	
<u>BURIAL</u>		<u>OCT 24, 1952</u>		<u>STILL POND LEM.</u>	
LOCATION (City, town, or county)				(State)	
<u>STILL POND</u>				<u>MD</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		4. FUNERAL DIRECTOR		ADDRESS	
<u>OCT 21 1952</u>		<u>Huntington Williams, MD</u>		<u>J. Wallis Wells</u>	
				<u>Chesertown, Md.</u>	

D-650
52 9603BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9603
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		CATHERINE M. DORN		2. DATE OF DEATH October 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 933 S. Bouldin St.				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-11			
c. Length of stay in Baltimore Life Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 933 S. Bouldin St.			
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 27, 1886	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Dorn				14. MOTHER'S MAIDEN NAME Minnie Beil			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Clara Bowling 933 S. Bouldin St.			
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Coronary Occlusion C-V. Disease</i> DUE TO (B) <i>Acute Coronary Thrombosis</i> DUE TO (C) <i>Acute Coronary Occlusion</i> INTERVAL BETWEEN ONSET AND DEATH <i>Sept 3/52</i> <i>Oct 18/52</i> <i>Oct 19/52</i>							
19. DATE OF OPERATION <i>None</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>None</i>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>None</i>		21F. HOW DID INJURY OCCUR? <i>None</i>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>None</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <i>Sept 3, 1952</i> to <i>Oct 19, 1952</i> , that I last saw the deceased alive on <i>Oct 18, 1952</i> , and that death occurred at <i>4:00 A.M.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>S. G. Schminck</i>		23B. ADDRESS <i>8428 East Ave</i>		23C. DATE SIGNED <i>10-21-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-22-52		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery: 7401 German Hill Rd., Md.		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>10-22-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Charles S. Zierler</i>		ADDRESS <i>90 P.S. CONKLINGS ST.</i>	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

W.H.

52 9604

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gordon Wendell Amato Jr.

2. DATE
OF
DEATH

October 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville BALTIMORE 28-04

D. STREET ADDRESS (If rural, give location)

4507 Dunland Rd.

c. Length of stay in Baltimore

29

YRS
DAYS5. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single8. DATE OF BIRTH
9/24/529. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Gordon W. Amato Sr.

14. MOTHER'S MAIDEN NAME

Falter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 764.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Infectious Diarrhea

DUE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16, 1952, to 10/20, 1952, that I last saw the
deceased alive on 10/20, 1952 and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William A. Pillsbury M.D.

Bon Secours Hosp.

10/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

OCT. 21, 1952

WOODLAWN, MD.

WOODLAWN - MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

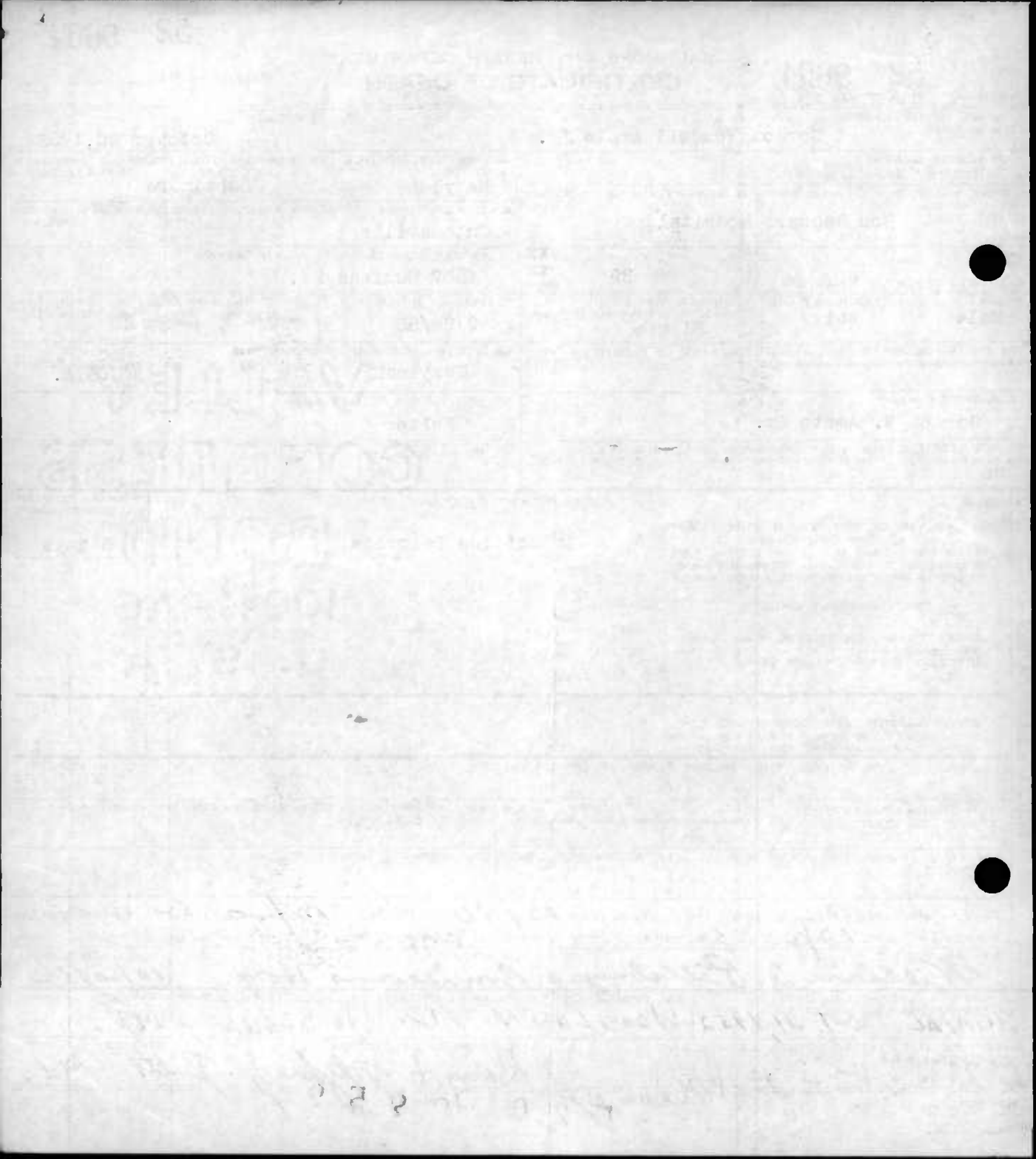
25. FUNERAL DIRECTOR

ADDRESS

OCT 21 1952

Huntington Williams, M.D.

Harry H. Witzke - Balto. Md.



F-260

52 9605

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9605

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES M. FISHER

2. DATE
OF
DEATH

Oct. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Towson

D. STREET ADDRESS (If rural, give location)

722 Morningside Drive

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBeech Hill Nursing Home
6028 Old Harford Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 2, 1877

9. AGE (In years
last birthday)

75

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Fisher

14. MOTHER'S MAIDEN NAME

Sarah Morton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Florence Scheuren - 722 Morningside Dr. Towson, Md.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Cerebral Thrombosis

Hypertensive Cordis -

Renal Vascular Disease

Sudden

15 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1949 to Oct 21, 1952, that I last saw the
deceased alive on Oct 20, 1952, and that death occurred at 5:47 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

10/21/52

Holy Cross Cem.

Yeadon, Del. Co., Penna.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 21 1952

Huntington Williams, M.D.

Wm. J. Pickner & Sons

VS 150

Batto. 17, Md.

L-500
52 9606

52 9606

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ALICE MARIE LYNN		Oct. 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4631 Reisterstown Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-16			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4631 Reisterstown Rd.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 10, 1868	9. AGE (In years last birthday) 84	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Edward Hughes		14. MOTHER'S MAIDEN NAME Elizabeth Hamill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mr. Edward P. Lynn - 4631 Reisterstown Rd.	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		CAUSE OF DEATH Cerebral Hemorrhage DUE TO DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH Oct 7/52	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from OCT 7, 1952 to Oct 20, 1952, that I last saw the deceased alive on OCT 20, 1952 and that death occurred at 6:35 A. M., from the causes and on the date stated above.					
23A. SIGNATURE Wm. D. Hubert		23B. ADDRESS M. D. 4803 Park Heights Ave		23C. DATE SIGNED Oct 20, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/22/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. FUNERAL DIRECTOR J. J. Vickner & Sons		24F. ADDRESS Baltimore 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 21 1952		REGISTRAR'S SIGNATURE Huntington Williams M.D.		25. FUNERAL DIRECTOR J. J. Vickner & Sons	
VS 150		5200096 Balto 17, Md.			

G-400

10-29-52

52 9607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52 9607

1. NAME OF DECEASED (Type or Print) WILLIAM F. COLE			2. DATE OF DEATH Oct. 19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1514 Ellamont St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1514 Ellamont St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 25, 1878		9. AGE (in years last birthday) 74 (76)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10B. KIND OF BUSINESS OR INDUSTRY Mfg. Elec. Equipment		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Fred Cole			14. MOTHER'S MAIDEN NAME Sarah E. -		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS Mr. H. F. Cole - 1514 Ellamont St.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Coronary Thrombosis DUE TO Arteriosclerosis (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 8 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 19, 1952 , to Oct 19, 1952 , that I last saw the deceased alive on Oct 19, 1952 , and that death occurred at 5:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Samuel H. Culver		23B. ADDRESS 5611 Lombard St.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/22/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
				24D. LOCATION (City, town, or county) (State) Balto., Md.	

DATE RECEIVED BY LOCAL REGISTRAR OCT 21 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Wm. J. Tichenor & Son Balto. 17. Md.	
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10-10-45

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

10-10-45

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S-251

52 9608

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9608

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles H. Schanfelder

2. DATE
OF
DEATH

October 19, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Lutheran Hospital

b. FULL NAME OF

HOSPITAL OR

INSTITUTION

Lutheran Hospital
730 Ashburton Str.Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

shipping clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Glas

13. FATHER'S NAME

Frederick Schanfelder (M)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

4308 Kensington Rd, 5300

8. DATE OF BIRTH

October 15, 1888

9. AGE (In years
last birthday)

71

11 Under 1 Year
Months: Days

— —

11 Under 24 Hours
Hours: Min.

— —

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Ella Seifert

17. INFORMANT

Hospital record, Lutheran Hospital
Baltimore Md.

ADDRESS

18. 42010
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

cerebral hemorrhage

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

cerebral arteriosclerosis

4 years

(C)

DUE TO

hypertensive arteriosclerotic heart-
disease

4 years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchiopneumonia

2 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 16, 1952 to October 19, 1952 that I last saw the
deceased alive on October 19, 1952, and that death occurred at 6:29 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Rudolph M. Zander M.D. assistant resident

23B. ADDRESS

Lutheran Hospital, Baltimore, Maryland

23C. DATE SIGNED

10-20-1952

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

burial

24B. DATE

10/23/52

24C. NAME OF CEMETERY OR CREMATORY

London Pk.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

William J. Pickner & Sons

ADDRESS

VS 150

1 937235 0096 Baltimore 17, Md.

MEDICAL CERTIFICATION

A-352

52 9609

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9609
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Mary A. Adams			2. DATE OF DEATH 10-17-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. AGNES HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-41		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3803 PATAPSCO AVE.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12/24/1882	9. AGE (In years last birthday) 69	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Hick			14. MOTHER'S MAIDEN NAME Josephine unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS SON - WALTER ADAMS SAME		

18. 570.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) INTESTINAL OBSTRUCTION DUE TO (B) POST - OPERATIVE ADHESIONS DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 8 DAYS 3 YEARS
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19A. DATE OF OPERATION 10-17-52	19B. MAJOR FINDINGS OF OPERATION INTESTINAL OBSTRUCTION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/12, 1952** to **10/17, 1952**, that I last saw the deceased alive on **10/17, 1952** and that death occurred at **11:30** m., from the causes and on the date stated above.

23A. SIGNATURE Stephen K. Paduano	23B. ADDRESS St. Agnes Hospital	23C. DATE SIGNED 10-18-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/22/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR OCT 21 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm J. Jackson	ADDRESS Belt Rd. Md.
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UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS

WASHINGTON, D. C. 20540

OFFICE OF THE DIRECTOR

WASHINGTON, D. C. 20540

WASHINGTON, D. C. 20540

WASHINGTON, D. C. 20540

52 9610
B-452
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9610
Registered No.

1. NAME OF DECEASED (Type or Print) EMMA BLANCH		2. DATE OF DEATH October 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-01	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 102 W. 39th Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 26, 1872
9. AGE (In years last birthday) 80		10. If Under 1 Year Months Days If Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Wm. Blanch		14. MOTHER'S MAIDEN NAME Annie Crenshaw	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mrs. Wm. Kennedy - 102 W. 39th St.		ADDRESS	

18. E 812.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Skull Fracture XXXXX (B) Contusion of Brain XXXXX (C) Subdural Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) University Parkway and Canterbury Road
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 10/19/52 12:20 P.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile 12/1

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William J. Fisher		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED 10/20/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 10/22/52	24C. NAME OF CEMETERY OR CREMATORY Shiloh Church Cem.	24D. LOCATION (City, town, or county) (State) Shiloh, Va.	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR Wm. J. Fisher & Sons	ADDRESS Baltimore 17, Md.
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MS 151 1952
N 803.2

21. m. f. 21. m. f. 21. m. f.
21. m. f. 21. m. f. 21. m. f.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT

BROWN

2. DATE OF DEATH October 19, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 11-04

D. STREET ADDRESS (If rural, give location)

1221 Madison Avenue

Length of stay in Baltimore

7 years

5. SEX Male 6. COLOR OR RACE Colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Sparrows St. Shipyard

13. FATHER'S NAME

Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

251-26-6397

17. INFORMANT Lillian S. Brown

423 Laurens St.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Skull Fracture

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Contusion of Brain

Extradural Hemorrhage

Subdural Hemorrhage

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Arlington Avenue and Pitcher Street 14/2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

10/18/52 1:20 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

10/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 23, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

Oct 21 1952

REGISTRAR'S SIGNATURE

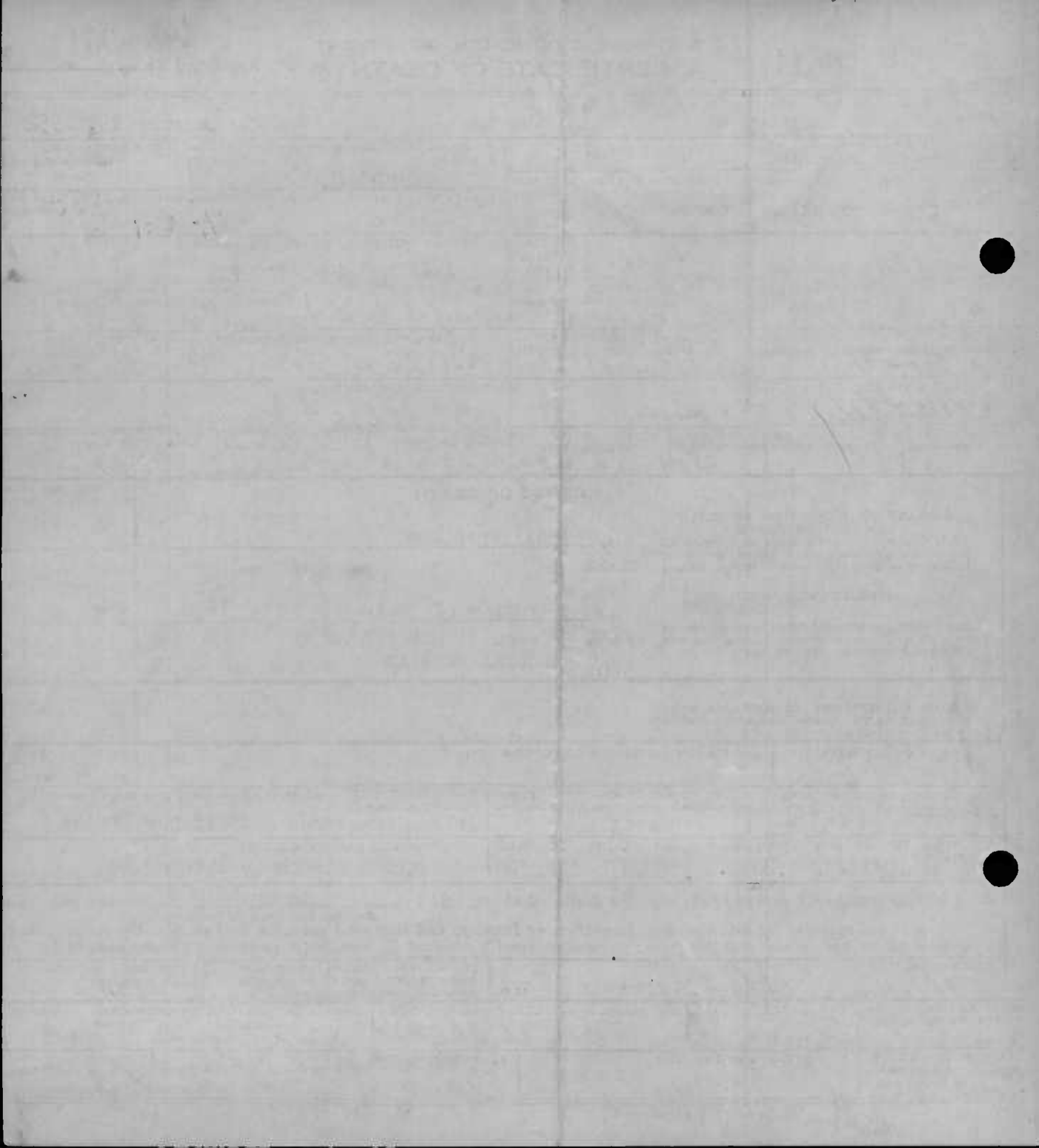
Huntington Williams

25. FUNERAL DIRECTOR

Wallace Funeral Home

ADDRESS

1631 Spring Hill Ave.



500

52 9612 - 25410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 9612
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Baby Lucille Kane</i>		2. DATE OF DEATH <i>Oct-19-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-05</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>815 N. Bond St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>10-18-52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>1</i>
13. FATHER'S NAME <i>Michael Kane</i>		11. BIRTHPLACE (State or foreign country) <i>Md</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
14. MOTHER'S MAIDEN NAME <i>Lucille</i>		12. CITIZEN OF WHAT COUNTRY?	
17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>			

1B. <i>776x</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Immaturity</i>	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

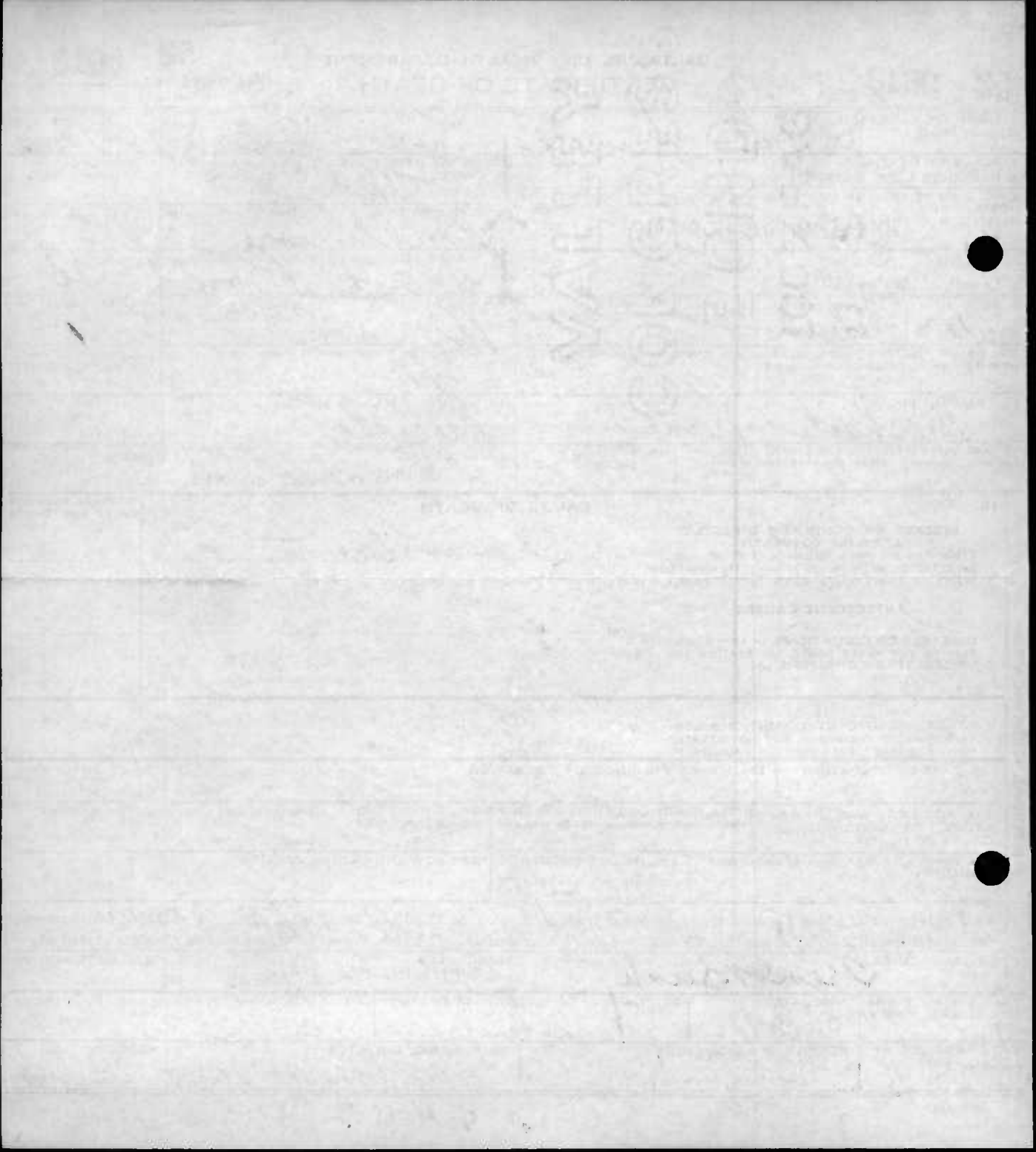
19A. DATE OF OPERATION <i>7</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/18*, 19*52* to *10/18*, 19*52* that I last saw the deceased alive on *10/18*, 19*52*, and that death occurred at *2:25* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>Hunt W. Williams</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED
--	--	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct 21/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mr Calvary Cems</i>	24D. LOCATION (City, town, or county) (State) <i>A.A. County Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 21 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>Mrs. Ethel A. Elliott's Daughter</i>
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355

52 9613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9613

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

BATEMAN

2. DATE
OF
DEATH

Oct. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1106 E. Lombard Street

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 20, 1892

9. AGE (in years

last birthday)

60

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Bateman Sr.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hus. Snowden 1129 N. Caroline St

18. E 812.0 and 322.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushing injury of head and pelvis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute alcoholism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Gay and Pratt Streets

4/1

21D. TIME (Month) (Day) (Year) (Hour)

Oct. 15, 1952 1:00 P. M.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck by tractor-trailer truck

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

Oct. 16, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/22/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

A. A. County Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

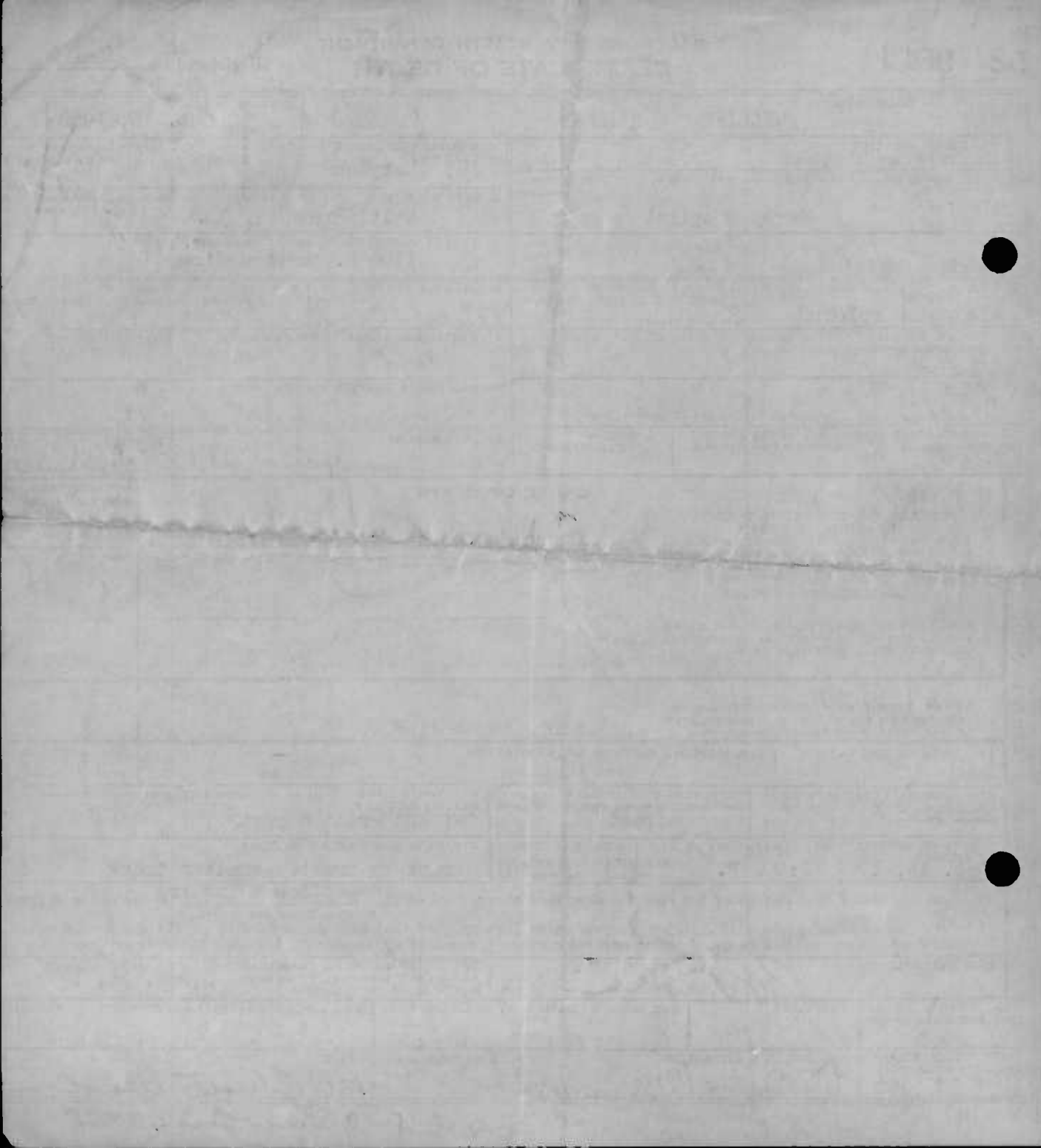
25. FUNERAL DIRECTOR

Mrs. R. A. Elliott's Daughter

ADDRESS

1129 N. Caroline St

V S 151



52 9614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9614

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROLAND L POE

2. DATE
OF
DEATH

Oct 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3633 Reswick Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

13-07

D. STREET ADDRESS (If rural, give location)

3633 Reswick Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 3 1889

9. AGE (In years
last birthday)

63

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

night watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Transit Storage Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

220-09-5281

17. INFORMANT

ADDRESS

Martha C. Limes Poe 3633 Reswick Rd.

18. 181X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma, bladder

3 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinomatosis

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1941, to Oct 18, 1952, that I last saw the
deceased alive on Oct 18, 1952, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm N. McFarley

M. D.

23B. ADDRESS

1800 N. Charles St

23C. DATE SIGNED

10/21/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/21/52

24C. NAME OF CEMETERY OR CREMATORY

St Mary's

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Paul E. Cheneau, 3615-17 Chestnut Ave.

VS 150

19576B5309609

MEDICAL CERTIFICATION

CAUTION: THIS REPORT CONTAINS
CONFIDENTIAL INFORMATION

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CERTIFICATE OF DEATH

Registered No. 52 9615

BIRTH NO. 52 9615

1. NAME OF DECEASED (Type or Print) ANUSZEWSKI, Andrew			2. DATE OF DEATH October 19, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY 1-04		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 58 yrs			d. STREET ADDRESS (If rural, give location) 1006 S. Kenwood Ave.		
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 25, 1867		9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conduit Layer - RET.			10b. KIND OF BUSINESS OR INDUSTRY City of Baltimore		11. BIRTHPLACE (State or foreign country) Poland
13. FATHER'S NAME Joseph Anuszewski			14. MOTHER'S MAIDEN NAME Anna Lewandowska		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS Mrs. Josephine Myers, 413 S. Collington Ave.		

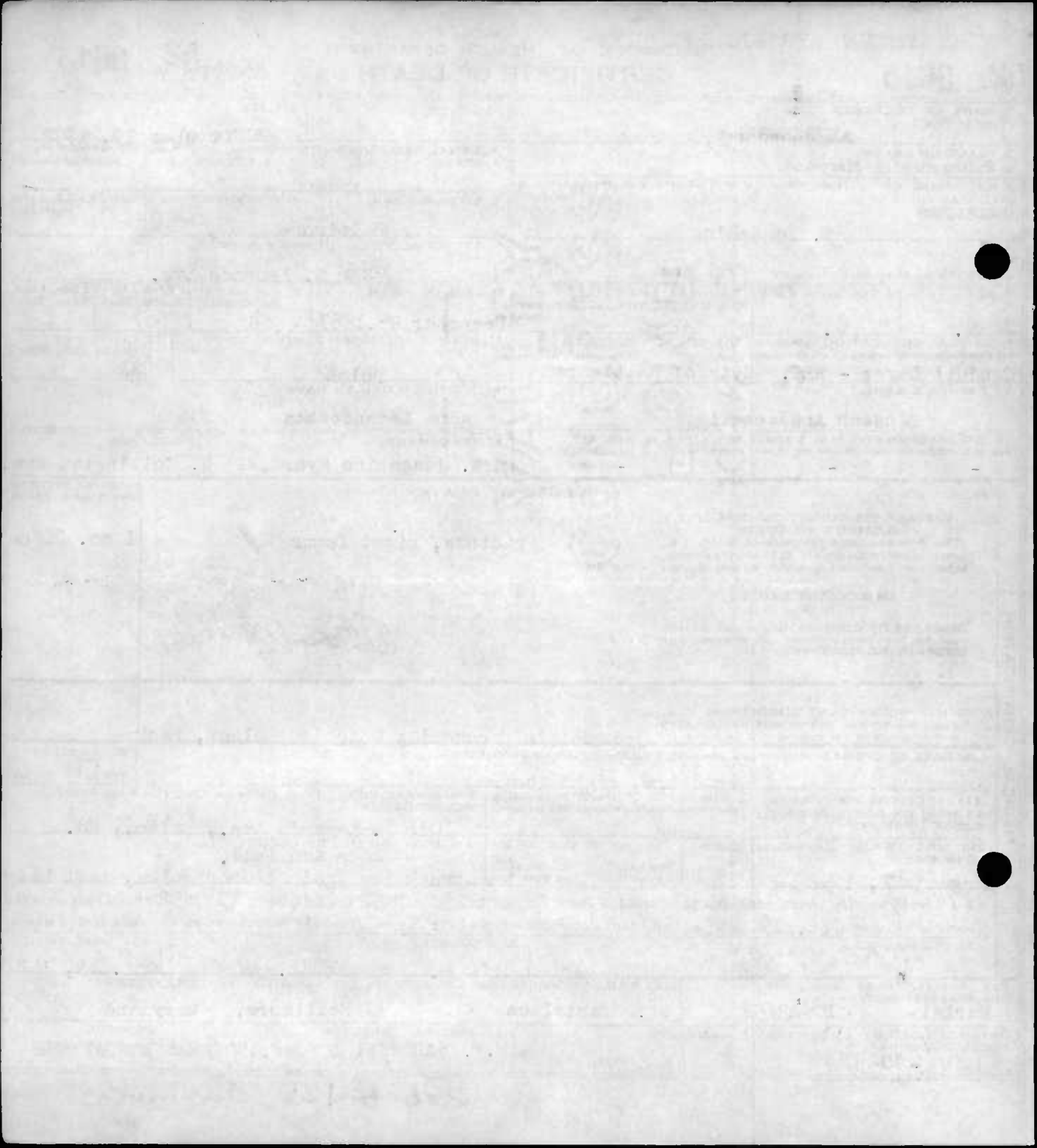
18. E903.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Fracture, right femur	1 mo. 20 da	
DUE TO				
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypostatic pneumonia; Decubitus ulcer, back			
19a. DATE OF OPERATION August 30, 1952	19b. MAJOR FINDINGS OF OPERATION Fracture, right femur	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Home	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1016 S. Kenwood Ave., Balto., Md.	21f. HOW DID INJURY OCCUR? ance and fell.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY August 29, 1952	21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck leg against door joice, lost bal-	
22. I hereby certify that I attended the deceased from August 29, 1952 to October 19, 1952 , that I last saw the deceased alive on Oct. 19, 1952 , and that death occurred at 6:55 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. Neill	M. D.	23b. ADDRESS 1100 N. Caroline St.	23c. DATE SIGNED Oct. 19, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/22/52	24c. NAME OF CEMETERY OR CREMATORY St. Stanislaus	24d. LOCATION (City, State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR OCT 21 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS M.F. SADOWSKI & SONS, 1808 EASTERN AVENUE	

Charles W. Sadowski

MEDICAL CERTIFICATION



520

52 9616

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9616

BIRTH NO.

1. NAME OF DECEASED (Type or Print) OWENS, JOSEPH R.			2. DATE OF DEATH OCT. 19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-07		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2922 Harview Avenue		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 29-1890	9. AGE (In years last birthday) 61	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - B.O.R.R. ENGINEER			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME B. OWENS			14. MOTHER'S MAIDEN NAME Theresa Yakel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT MRS. ANNA OWENS - HARVIEW			ADDRESS 2922		

18. 420.1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) Ventricular tachycardia	at least 48 hours	
ANTECEDENT CAUSES	(B) Probable myocardial infarction	6 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 10/17, 1952 to 10/19, 1952 that I last saw the deceased alive on 10/19, 1952 and that death occurred at 6:57 p. m. , from the causes and on the date stated above.		
23A. SIGNATURE Richard C. Packert	23B. ADDRESS University Hospital	23C. DATE SIGNED 10/19/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/23/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer
24D. LOCATION (City, town, or county) (State) BALTO Md	25. FUNERAL DIRECTOR Huntington Williams, 5305 HARFORD RD	
DATE RECEIVED BY LOCAL REGISTRAR OCT 21 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR J. Ruck

VS 150

MEDICAL CERTIFICATION

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Honorio E. Valdivia.		Oct 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE	
St. Joseph's Hospital		Maryland	
C. Length of stay in Baltimore		C. CITY OR TOWN	
Yrs. Mos. Days		Baltimore	
		D. STREET ADDRESS (If rural, give location)	
		3710 Elm Ave	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	White	Widower	Nov 1, 1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Retired		Electrical Contractor	82
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
NCuba		U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Thomas Valdivia.		Anna Menesses.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)			
17. INFORMANT		ADDRESS	
Mrs. Vera Bowers		407 E 28th St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
420.0		Coronary Occlusion	
ANTECEDENT CAUSES		(A) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Arteriosclerosis & Disease	
		(B) DUE TO	
		with coronary involvement	
		(C) DUE TO	
19. DATE OF OPERATION		19A. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY?			
YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 7, 1952 to Oct 20, 1952, that I last saw the deceased alive on Oct 19, 1952, and that death occurred at m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
Leonard Wallerstein		848 W 36 St	
23C. DATE SIGNED			
Oct 20, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		Oct 23/52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Woodlawn		Woodlawn, Md.	
25. FUNERAL DIRECTOR		ADDRESS	
Huntington Williams, M.D.		3818 Roland Ave	

STATEMENT OF HEALTH DEPARTMENT CERTIFICATE OF DEATH

Oct 20, 1952

Thomas E. Velivis.

Married

Albino

St. Joseph's Hospital

2210 Elm Ave

82

Nov 1, 1908

Widower

White

Male

U.S.

Medical Director

Married

Alma Hernandez.

Thomas Velivis.

111. Vera Towers 407 E. 23rd St.

Woodward, Ed.

Woodward

Oct 20, 1952

Initial

543

52 9618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9618

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma F. Hamilton.

2. DATE
OF
DEATH

Oct 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1021 Union Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1021 Union Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Mar 24, 1878

9. AGE (In years
last birthday)

74

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Meyers.

14. MOTHER'S MAIDEN NAME

Hettie Beck.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth H. Hamilton 1021 Union Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)Atherosclerosis of Aorta 5 years
Cong Heart Failure 1 year.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 10, 1932, to Oct 20, 1952, that I last saw the
deceased alive on Oct 20, 1952, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct 22, 1952

Woodlawn

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 21 1952

Austin E. Donovan - 3818 Roland Ave.

VS 150

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

Oct 20, 1952

Bess E. Hamilton

Maryland

Baltimore

1021 Union Ave

1021 Union Ave

Life

74

Mar 24, 1939

Widow

White

Female

1.31

Maryland

Baltimore

Little Rock

John Brown

Baltimore E. Hamilton 1021 Union Ave

Signature of Registrar
 Date of Death
 Place of Death
 Cause of Death
 Manner of Death

Signature of Physician
 Date of Death
 Place of Death
 Cause of Death
 Manner of Death

Continued

Woodward

Oct 25, 1952

1021

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 9619

BIRTH NO. 562

1. NAME OF DECEASED (Type or Print) <u>Anna M. Dumaresq.</u>			2. DATE OF DEATH <u>Oct 20, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ardleigh Nursing Home</u>			C. CITY OR TOWN <u>Baltimore</u> (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>2 W. University Parkway</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan 8, 1858</u>	9. AGE (In years last birthday) <u>94</u>	10. Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10B. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>York, Pa</u>
13. FATHER'S NAME <u>S.S. Wiltbank</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <u>H.S. Grattan Forrest Hill</u>			ADDRESS <u>Long Island N.Y.</u>		

18. <u>422.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Cerebral hemorrhage</u> DUE TO <u>Arteriosclerosis</u> (B) <u>Generalized + Cerebral arteriosclerosis</u> DUE TO <u>Semipalm</u> (C) _____
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/6 1950, to 10/20, 1952, that I last saw the deceased alive on 10/20, 1952, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Lowell R. Anderson</u>	23B. ADDRESS <u>2511 Reisterstown Rd</u>	23C. DATE SIGNED <u>10/20/52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24B. DATE <u>Oct 23/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Greenmount</u>
24D. LOCATION (City, town, or county) <u>Greenmount & Oliver St, Md</u>		(State) _____

DATE RECEIVED BY LOCAL REGISTRAR <u>Oct 21 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>E. Donovan</u>	ADDRESS <u>3818 Roland Ave.</u>
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CERTIFICATE OF DEATH

Not 20, 1952

June 1, 1952

Maryland

Frederick

Archie's Nursing Home

27, 1952

24

Jan 8, 1952

1952

White

Male

York, Pa

1952

1952

R. S. Graham, M.D.

Registration of Deaths

254

52 9620

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9620

BIRTH NO. 52-25191

1. NAME OF DECEASED (Type or Print) <i>WAITER Richard O'Connell</i>			2. DATE OF DEATH <i>Oct. 18, 1952.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>/</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland.</i> B. COUNTY <i>Anne Arundel.</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Hospital for the Homeless of Maryland.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Glen Burnie.</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>R.F.D.#2 Bay 147. 5200</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Oct. 16 1952.</i>	9. AGE (In years last birthday)	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Richard Kennedy O'Connell</i>			14. MOTHER'S MAIDEN NAME <i>Norma Squires</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs Richard H. O'Connell</i> ADDRESS <i>Glen Burnie R.F.D.#2 Bay 147.</i>		

18. <i>776x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pneumonia</i> DUE TO (A) <i>Pneumonia</i> (B) <i>Pneumonia</i> (C) <i>Pneumonia</i>		CAUSE OF DEATH <i>Pneumonia</i> DUE TO (A) <i>Pneumonia</i> (B) <i>Pneumonia</i> (C) <i>Pneumonia</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 day 5 hr + 38 min</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Pneumonia</i> (C) <i>Pneumonia</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-16-52</i> 19 <i>52</i> , to <i>10-18</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>10-18</i> , 19 <i>52</i> , and that death occurred at <i>3:30</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles Robert H.</i>		23B. ADDRESS <i>Hosp. for the Homeless of Md.</i>		23C. DATE SIGNED <i>10-21-52.</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>OCT 21 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>	24D. LOCATION (City, town, or county) (State) <i>OCT 22 1952</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 21 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	ADDRESS <i>Huntington Williams, M.D.</i>

VS 150

52-00009

MEDICAL CERTIFICATION

1000

52

RECEIVED

1000

52

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

2

416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9621

BIRTH NO. 52 9621

1. NAME OF DECEASED
(Type or Print)

EMMA A. GILBERT

2. DATE
OF
DEATH

OCT. 19, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

910 BEAUMONT AVE

c. Length of stay in Baltimore

20 YRS.

Yrs.
Mos.
Days5. SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH

DEC. 30, 1862

9. AGE (In years
last birthday)

89

10 Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOHN S. JONES

14. MOTHER'S MAIDEN NAME

MARY JANE TALBOTT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

MRS. JOHN BRIERLEY

ADDRESS

ABOVE

18. 442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Generalized A.T.S. Cardio-Vasc. Renal etc.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Oct. 19, 1952, that I last saw the deceased alive on Oct. 16, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Miss E. Canfield

M. D.

23B. ADDRESS

6007 York Rd

23C. DATE SIGNED

10/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10-23-1952

24C. NAME OF CEMETERY OR CREMATORY

PINE GROVE

24D. LOCATION (City, town, or county)

BALTO. Co.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H.W. JENKINS & SONS Co. 4905 YORK RD

ADDRESS

DR. C. E. CHASE JR.
6007 YORK RD.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANDREW S. BERNHARDT

2. DATE
OF
DEATH

Oct. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2207 E. Federal St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 21, 1871

9. AGE (In years
last birthday)

80

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Telephone Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J. Martin Bernhardt

14. MOTHER'S MAIDEN NAME

Anna Mary Altvater

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ave

Mr. Maurice N. Roycroft - 2710 Berwick

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute cardiac dilatation

1 1/2 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic cardiac vascular disease

5 yrs

DUE TO

(C)

Hypertension

10 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan**, 1934, to **Oct 18**, 1952, that I last saw the
deceased alive on **Oct 13**, 1952, and that death occurred at **7 P.** m., from the causes and on the date stated above.

23A. SIGNATURE

Michael A. Hannon M.D.

23B. ADDRESS

1820 E. Federal Place

23C. DATE SIGNED

Oct. 21, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/22/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tiekner & Sons

21 1952

VS 150

1952 2000 961 Balto 17, Md.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Date of death	
6. Place of birth		7. Usual residence		8. Cause of death		9. Manner of death		10. Signature of physician	
11. Signature of registrar		12. Signature of informant		13. Signature of medical examiner		14. Signature of coroner		15. Signature of funeral director	
16. Signature of health officer		17. Signature of local health officer		18. Signature of state health officer		19. Signature of federal health officer		20. Signature of secretary	
21. Signature of assistant secretary		22. Signature of chief clerk		23. Signature of deputy chief clerk		24. Signature of stenographer		25. Signature of messenger	
26. Signature of janitor		27. Signature of cook		28. Signature of nurse		29. Signature of pharmacist		30. Signature of dentist	
31. Signature of optician		32. Signature of electrician		33. Signature of plumber		34. Signature of carpenter		35. Signature of painter	
36. Signature of bricklayer		37. Signature of mason		38. Signature of cooper		39. Signature of blacksmith		40. Signature of farrier	
41. Signature of veterinarian		42. Signature of farmer		43. Signature of merchant		44. Signature of manufacturer		45. Signature of laborer	
46. Signature of soldier		47. Signature of sailor		48. Signature of stevedore		49. Signature of dockworker		50. Signature of warehouseman	
51. Signature of warehouseman		52. Signature of warehouseman		53. Signature of warehouseman		54. Signature of warehouseman		55. Signature of warehouseman	
56. Signature of warehouseman		57. Signature of warehouseman		58. Signature of warehouseman		59. Signature of warehouseman		60. Signature of warehouseman	
61. Signature of warehouseman		62. Signature of warehouseman		63. Signature of warehouseman		64. Signature of warehouseman		65. Signature of warehouseman	
66. Signature of warehouseman		67. Signature of warehouseman		68. Signature of warehouseman		69. Signature of warehouseman		70. Signature of warehouseman	
71. Signature of warehouseman		72. Signature of warehouseman		73. Signature of warehouseman		74. Signature of warehouseman		75. Signature of warehouseman	
76. Signature of warehouseman		77. Signature of warehouseman		78. Signature of warehouseman		79. Signature of warehouseman		80. Signature of warehouseman	
81. Signature of warehouseman		82. Signature of warehouseman		83. Signature of warehouseman		84. Signature of warehouseman		85. Signature of warehouseman	
86. Signature of warehouseman		87. Signature of warehouseman		88. Signature of warehouseman		89. Signature of warehouseman		90. Signature of warehouseman	
91. Signature of warehouseman		92. Signature of warehouseman		93. Signature of warehouseman		94. Signature of warehouseman		95. Signature of warehouseman	
96. Signature of warehouseman		97. Signature of warehouseman		98. Signature of warehouseman		99. Signature of warehouseman		100. Signature of warehouseman	

52 9623

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9623
Registered No.

BIRTH NO. MLB. 164248			2. DATE OF DEATH 10-20-52		
1. NAME OF DECEASED (Type or Print) Emil Bauer			2. DATE OF DEATH 10-20-52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
b. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
5. LENGTH OF STAY IN BALTIMORE 69 Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 3108 Lawnview Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 19, 1883		9. AGE (In years last birthday) 69 Yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10b. KIND OF BUSINESS OR INDUSTRY House		11. BIRTHPLACE (State or foreign country) Baltimore
13. FATHER'S NAME Joseph Bauer			14. MOTHER'S MAIDEN NAME Elizabeth Sheppard		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NUMBER 213-12-8363		
17. INFORMANT Records Baltimore City Hospitals			18. ADDRESS 4940 Eastern Ave		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 2 or 3hrs.		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-20- , 19 52 to 10-20 , 19 52 that I last saw the deceased alive on 10-20- , 19 52 and that death occurred at 6:20 P.M. from the causes and on the date stated above.					
23a. SIGNATURE H. C. Johnson		23b. ADDRESS 4940 Eastern Ave Balto. Md.		23c. DATE SIGNED 10-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 23, 1952		24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24d. LOCATION (City, town, or county) (State) Baltimore 6. Md.		25. FUNERAL DIRECTOR ADDRESS Frank Cvach & Son, 900 N. Chester Sr.			
DATE RECEIVED BY LOCAL REGISTRAR 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1922

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

52 9624

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9624
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank P. Hurka

2. DATE
OF
DEATH

October 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

47 Years

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3624 Rexmere Road

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Heater

10B. KIND OF BUSINESS OR INDUSTRY

Steel Mills

8. DATE OF BIRTH

May 1, 1905

9. AGE (In years last birthday)

47

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF U.S.A. COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank Hurka

14. MOTHER'S MAIDEN NAME

Johana Arubes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.
213-09-1019

17. INFORMANT

ADDRESS

Elizabeth Hurka 3624 Rexmere Road

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Oct 18 52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 18, 1952, to Oct 18, 1952, that I last saw the deceased alive on Oct 18, 1952, and that death occurred at 430 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-22-1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Baltimore 6, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 21 1952

Huntington Williams M.D.

Frank Cvach & Son 900 N. Chester St. 5

VS 150

6905340 009619

MEDICAL CERTIFICATION

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

1911

IN SENATE,
January 1, 1911.
REPORT
OF THE
ATTORNEY GENERAL
IN RESPONSE TO A
RESOLUTION PASSED
BY THE SENATE
MAY 1, 1909.
ALBANY:
J. B. LIPPINCOTT
PRINTERS.
1911.

ALBANY: J. B. LIPPINCOTT, PRINTERS, 1911.

THE STATE OF NEW YORK,
COUNTY OF ALBANY,
ss. I, the undersigned, Clerk of the Senate,
do hereby certify that the foregoing is a true and
correct copy of the report of the Attorney General
in response to a resolution passed by the Senate
May 1, 1909.

IN WITNESS WHEREOF, I have hereunto set my hand
and the seal of the Senate at Albany, New York,
this 1st day of January, 1911.

60

9-01

52 9625

52 9625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) MAZIE SNYDER HACKER		2. DATE OF DEATH 10-19-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 906 CATOR AVE.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
C. Length of stay in Baltimore 48 yrs.		D. STREET ADDRESS (If rural, give location) 906 CATOR AVE	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 18, 1883
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		9B. KIND OF BUSINESS OR INDUSTRY DOMESTIC	9. AGE (In years last birthday) 68 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Andrew Snyder		14. MOTHER'S MAIDEN NAME SARAH BARGER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Mrs. John FRANKS		ADDRESS 906 CATOR AVE.	
18. 153X CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma Succending Colon & Metastasis			
DUE TO			
(B)			
DUE TO			
(C)			
INTERVAL BETWEEN ONSET AND DEATH			
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION July 1952		19B. MAJOR FINDINGS OF OPERATION annular Carcinoma	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April , 19 52 , to 10/19/52 , 19 52 , that I last saw the deceased alive on 10/18 , 19 52 , and that death occurred at 12 NOON , from the causes and on the date stated above.			
23A. SIGNATURE Thomas L. Warrick		23B. ADDRESS 2900 Alameda Blvd	
23C. DATE SIGNED 10/20/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 10-23-52	
24C. NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL		24D. LOCATION (City, town, or county) (State) BALTO., County Md	
DATE RECEIVED BY LOCAL REGISTRAR OCT 22 1952		25. FUNERAL DIRECTOR GEORGE L. SCHWAB	
VS 150		ADDRESS 2101 FREDERICK AVE.	

MEDICAL CERTIFICATION

1952 7208A 9620

OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
CENSUS

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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52 9626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9626

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RICHTER, ADAM Adolph

2. DATE
OF
DEATH

18 Oct 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

FRANKLIN SQ HOSPITAL

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/6/1879

9. AGE, in years

73

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Printer

10B. KIND OF BUSINESS OR
INDUSTRY

News Post

13. FATHER'S NAME

-----Richter

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Mrs. Rose Richter, 2827 Riggs Ave

18. 154x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Peripheral phlebotrombosis

DUE TO

(C)

Generalized arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Carcinoma of rectum with
metastasis; operated 3 Oct '52

19A. DATE OF OPERATION

13 Oct 52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Rectum

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Oct, 1952, to 18 Oct, 1952, that I last saw the
deceased alive on 18 Oct, 1952 and that death occurred at 10:15 PM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 22 1952

REGISTRAR'S SIGNATURE

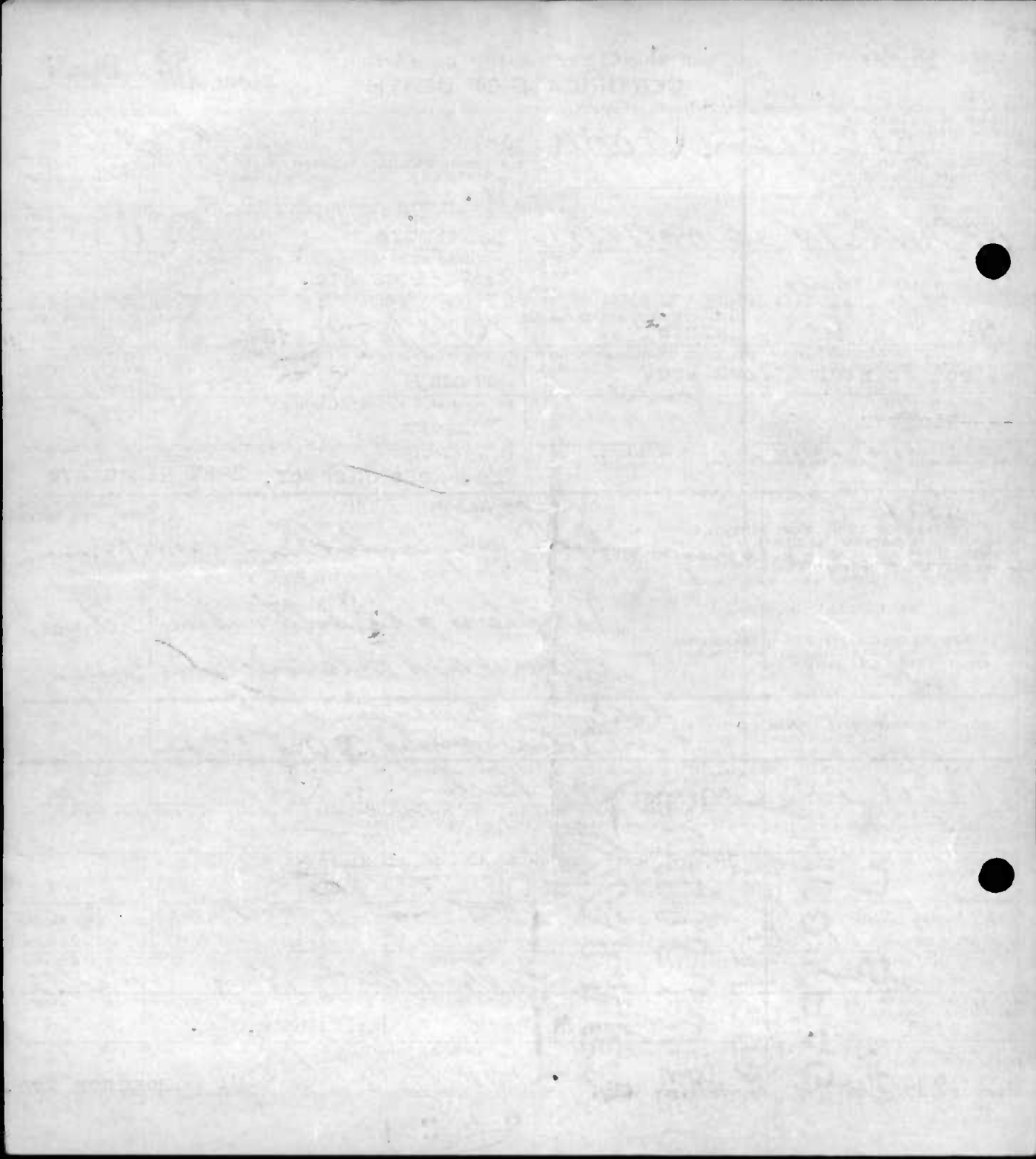
51248621

25. FUNERAL DIRECTOR

4101 Edmondson Ave.

ADDRESS

VS 150



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9627
Registered No. _____

52 9627
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Catherine T. Bokman			2. DATE OF DEATH Oct. 19/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) N. 700 Grantley St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-08		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) N. 700 Grantley St.		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 7, 1884		9. AGE (In years, last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY H.W.	11. BIRTHPLACE (State or foreign country) Balto.		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Francis R. Bokman			14. MOTHER'S MAIDEN NAME Sarah		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS John T. Bokman, 700 Grantley St.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Cerebral Hemorrhage (2nd) DUE TO Cerebral Hemorrhage (100) Rt. 5 mo. gr (B) 1st left hemiplegia partial DUE TO Septicemia 10 yr ± (C) Arteriosclerosis general 10 yr ±	INTERVAL BETWEEN ONSET AND DEATH 2-5 min.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Jan 1952 19 52 , to Oct 19 19 52 , that I last saw the deceased alive on 0-19-52 19 52 , and that death occurred at 1:55 pm. from the causes and on the date stated above.					
23A. SIGNATURE J. D. [Signature]		23B. ADDRESS 612 N. [Address]		23C. DATE SIGNED 10-21-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/22/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR OCT 22 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 4101 Edmondson ave

5. 2 0 0 0 9 6 2 7

UNITED STATES OF AMERICA

CAUTION CHAIR

REMARKS ON CHAIR USE
1. The chair is designed for use by one person only.
2. The chair is not to be used as a seat for more than one person.
3. The chair is not to be used for any purpose other than sitting.

THESE CHAIRS ARE TO BE USED FOR THE PURPOSE OF SITTING ONLY.
NO OTHER USES ARE TO BE MADE OF THESE CHAIRS.

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NO OTHER USES ARE TO BE MADE OF THESE CHAIRS.

563

52 9628

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9628

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Ferdinand Emmert		2. DATE OF DEATH Oct. 19/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. 			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL or INSTITUTION) General German Aged Peoples Home, 22 S. Athol Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		28-04	
c. Length of stay in Baltimore 62 yrs.		D. STREET ADDRESS (If rural, give location) 22 S. Athol Ave.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 23, 1870	9. AGE (In years last birthday) 81	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Wilhelm Emmert		14. MOTHER'S MAIDEN NAME Augusta Sachs	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS SR. Fredericka, 22 S. Athol Ave	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio-Respiratory failure DUE TO Cerebral Hemiplegia DUE TO Arteriosclerotic Arteriosclerosis DUE TO Alcohol Sensitivity		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1951 , to Oct 19, 1962 that I last saw the deceased alive on 15 Oct, 1952 and that death occurred at 10 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE William J. Byrnes		23B. ADDRESS 4605 Edmondson		23C. DATE SIGNED 21 Oct 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/22/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore	
24D. LOCATION (City, town, or county) (State) Balto. Md.		DATE RECEIVED BY LOCAL REGISTRAR CT 22 1952		REGISTRAR'S SIGNATURE Huntington Williams	
FUNERAL DIRECTOR Harry H. Kitzke		ADDRESS 4101 Edmondson Ave			

VS 150 1 852000 9628

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

10411

52 9629

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9629

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE FITZHUGH

2. DATE
OF
DEATH

10-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION DOCTORS HOSPITAL4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 24-03

D. STREET ADDRESS (If rural, give location)

1108 Battery ave 30

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED.
WIDOWED DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

12/3/1877

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN W. GETZINGER

14. MOTHER'S MAIDEN NAME

LENA ULRICH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CHARLES FITZHUGH 1108 BATTERY AVE

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Virus Pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)Arterio Sclerotic Cardio Vascular
Renal DiseaseINTERVAL BETWEEN
ONSET AND DEATH

2 wks

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/7, 1952, to 10/19, 1952, that I last saw the
deceased alive on 10/18, 1952, and that death occurred at 1:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1952

Huntington Williams, M.D.

JOHN F. DENNY, INC. 715 LIGHT ST.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DOCTOR'S HOSPITAL
Baltimore

Marion
Baltimore
1102 Baltimore Ave

W

W

Dr. Blum

1115 North Calvert St

No 4777
To over

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9630
Registered No.

52 9630
BIRTH NO. 52-21013

1. NAME OF DECEASED (Type or Print) SHARON FROST		2. DATE OF DEATH 10-20-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 16-06	
c. Length of stay in Baltimore 5 weeks		D. STREET ADDRESS (If rural, give location) 654 Bradlish St.	
5. SEX F	6. COLOR OR RACE ed	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept 10-52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	
13. FATHER'S NAME Ambrose I		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or oookooow) no		16. SOCIAL SECURITY NO.	
14. MOTHER'S MAIDEN NAME Helen Stevenson		17. INFORMANT Mother	
		ADDRESS 654 Bradlish St	

18. 571.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Respiratory arrest due to Asphyxia		INTERVAL BETWEEN ONSET AND DEATH 2 hr
DUE TO aspiration fluid bronch		
DUE TO alidosis		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. diarrhea		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-7** 19**52** to **10-21**, 19**52** that I last saw the deceased alive on **10-21**, 19**52** and that death occurred at **11** m., from the causes and on the date stated above.

23a. SIGNATURE **P. Felipe Gonzalez** M. D. 23b. ADDRESS **University Hospital** 23c. DATE SIGNED **10-21-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **10-21-52** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Auburn** 24d. LOCATION (City, town, or county) (State) **Baltimore Md**

DATE RECEIVED BY LOCAL REGISTRAR **OCT 22 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Mr. Francis T. Hendry** ADDRESS **578 W. ...**

MEDICAL CERTIFICATION

0000

32

DEPARTMENT OF HEALTH

CENTRAL DEATH

<p>NAME OF DECEASED</p>	
<p>AGE</p>	
<p>SEX</p>	
<p>DATE OF DEATH</p>	
<p>PLACE OF DEATH</p>	
<p>CAUSE OF DEATH</p>	
<p>TIME OF DEATH</p>	
<p>REPORTED BY</p>	
<p>SIGNATURE OF REPORTER</p>	
<p>DATE OF REPORT</p>	
<p>OFFICIAL USE</p>	
<p>REMARKS</p>	

52 9631

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9631

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annetta Marie Reese

2. DATE
OF
DEATH

Oct 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3819 Pascal St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 12, 1894

9. AGE (in years last birthday)

58

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

✓

13. FATHER'S NAME

James Kearney

14. MOTHER'S MAIDEN NAME

Elsie Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Walter A. Reese 3819 Pascal St - 26

ADDRESS

18. 026X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral Vascular Disease

DUE TO

(C)

Syphilis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1942 to Sept. 25, 1952, that I last saw the deceased alive on Sept. 25, 1952, and that death occurred at 10:31 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Hyman S. Rubinstein

M. D.

23B. ADDRESS

2349 E. Howard Place

23C. DATE SIGNED

24. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Baths

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 22 1952

REGISTRAR'S SIGNATURE

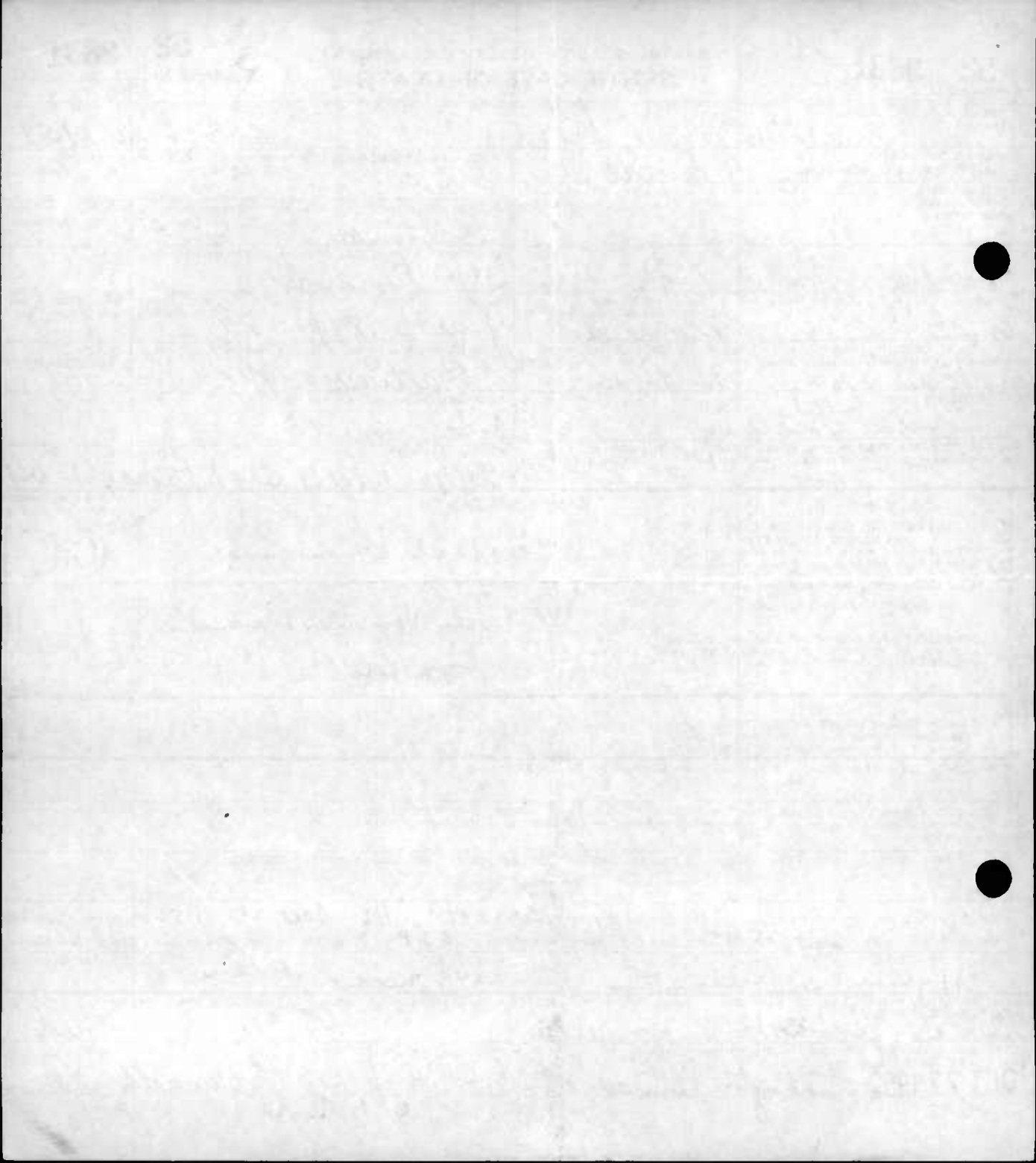
Huntington Williams

25. FUNERAL DIRECTOR

John T. Guehl

ADDRESS

5311 Edmondson Ave.



200
52 9632BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9632

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD B. FOX

2. DATE
OF DEATH Oct. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Maryland General Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-01

D. STREET ADDRESS (If rural, give location)

1728 Linden Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Fox

14. MOTHER'S MAIDEN NAME

Mary Tunney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

Spanish American

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Goolsbe, 715 East 23rd Street

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Oct. 21, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify):

burial

24B. DATE

10/24/52

24C. NAME OF CEMETERY OR CREMATORY

U. S. National Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

VS 151

57824

TO : SAC, NEW YORK (100-100000)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

26. [Illegible]

27. [Illegible]

28. [Illegible]

29. [Illegible]

30. [Illegible]

31. [Illegible]

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40. [Illegible]

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48. [Illegible]

49. [Illegible]

50. [Illegible]

51. [Illegible]

52. [Illegible]

53. [Illegible]

54. [Illegible]

55. [Illegible]

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57. [Illegible]

58. [Illegible]

59. [Illegible]

60. [Illegible]

61. [Illegible]

62. [Illegible]

63. [Illegible]

64. [Illegible]

65. [Illegible]

66. [Illegible]

67. [Illegible]

68. [Illegible]

69. [Illegible]

70. [Illegible]

71. [Illegible]

72. [Illegible]

73. [Illegible]

74. [Illegible]

75. [Illegible]

76. [Illegible]

77. [Illegible]

78. [Illegible]

79. [Illegible]

80. [Illegible]

81. [Illegible]

82. [Illegible]

83. [Illegible]

84. [Illegible]

85. [Illegible]

86. [Illegible]

87. [Illegible]

88. [Illegible]

89. [Illegible]

90. [Illegible]

91. [Illegible]

92. [Illegible]

93. [Illegible]

94. [Illegible]

95. [Illegible]

96. [Illegible]

97. [Illegible]

98. [Illegible]

99. [Illegible]

100. [Illegible]

CERTIFICATE OF DEATH

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) ARTHUR SHEUBROOK	
2. DATE OF DEATH October 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 22-01	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) University Hospital	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 309 S. Sharp St.	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Oct. 27, 1899	
9. AGE (In years last birthday) 52 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thomas A. Sheubrook	
14. MOTHER'S MAIDEN NAME Elizabeth Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS Bradford Sheubrook, 330 S. Macon Street	

18. E 902.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Air Embolus XXXXXX ANTECEDENT CAUSES (B) Laceration of Scalp XXXXXX DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 416 W. Pratt Street
21D. TIME (Month) (Day) (Year) (Hour) INJURY 10/20/52 6:16 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? parked Apparently fell from rear of truck
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE William H. Cook		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER Wm. Cook, Inc.		23C. DATE SIGNED 10/20/52
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24C. NAME OF CEMETERY OR CREMATORY Moreland Park Cemetery		24D. LOCATION (City, town, or county) (State) Parkville, Maryland
DATE RECEIVED BY LOCAL REGISTRAR OCT 22 1952		REGISTRAR'S SIGNATURE Huntington W. H.		25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street

Additional information from
Medical Examiner's office by phone

10/30/52 ES

635
52 9634

52 9634

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Dorothy Friedman

2. DATE
OF
DEATH

Oct 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hospital

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 15-35

D. STREET ADDRESS (If rural, give location)

3607 Forest Park Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

12-20-1906

9. AGE (In years,
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Goldberg

14. MOTHER'S MAIDEN NAME

Rebecca

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 153x and 002x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Abdominal Carcinomatosis

INTERVAL BETWEEN
ONSET AND DEATH

6 mos

(B)

Carcinoma Sigmoid Colon

18 mos

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Tuberculosis

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

19B. MAJOR FINDINGS OF OPERATION

Decomment Ca of Sigmoid & Hepatic metast

20. AUTOPSY?

YES ☐ NO ☒

21D. TIME (Month) (Day) (Year) (Hour)

25 JANUARY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/19, 1952, to 10/21, 1952, that I last saw the
deceased alive on 10/19, 1952, and that death occurred at 7:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M. D.

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 10-22-52

Beth Tylor

Baltimore Md

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

11/22/1952

Huntington Williams

Black Lewis & Co 2100 Centaro Pl

VS 150

255
52 9635

52 9635

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **DAVID HOUSEMAN** 2. DATE OF DEATH **21 Oct '52**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **MD** B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location) **Sinai Hospital of Baltimore** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore 15-12**

D. STREET ADDRESS (If rural, give location) **3924 Park Heights Ave** c. Length of stay in Baltimore **Life** Yrs. Mos. Days

5. SEX **male** 6. COLOR OR RACE **white** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH 9. AGE (in years last birthday) **38** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **retired** 10B. KIND OF BUSINESS OR INDUSTRY **Real Estate** 11. BIRTHPLACE (State or foreign country) **Baltimore MD** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Not Known** **BROKER** 14. MOTHER'S MAIDEN NAME **not known**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT **Martin Houseman** ADDRESS **4339 Park Hgts**

18. **420.0** I CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Myocardial Infarction** DUE TO (B) **arteriosclerotic heart disease** DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

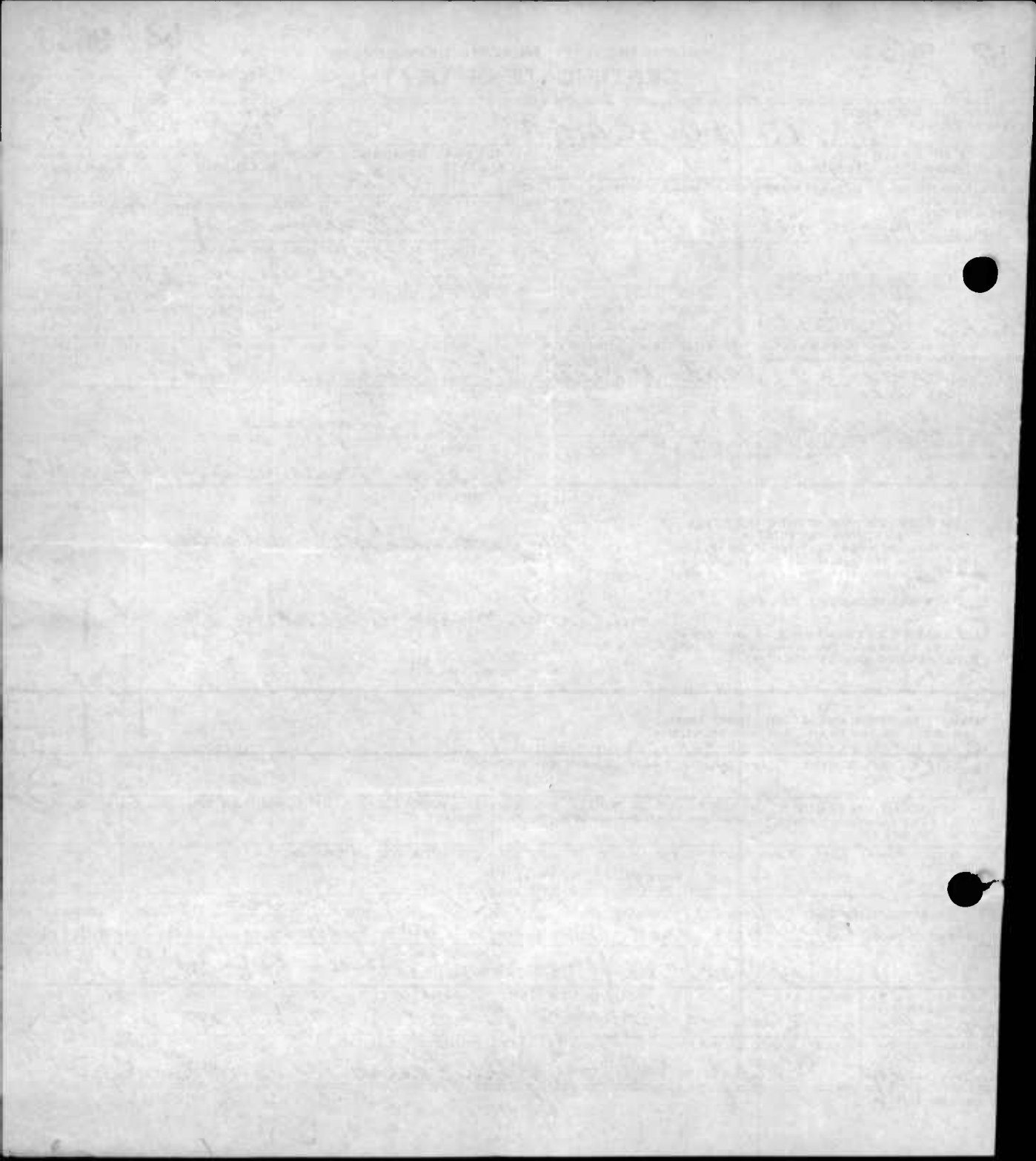
22. I hereby certify that I attended the deceased from **21 Oct**, 19**52** to **21 Oct**, 19**52** that I last saw the deceased alive on **12:30 AM**, 19**52**, and that death occurred at **1:15 PM**, from the causes and on the date stated above.

23A. SIGNATURE **Forace W Beemer** M. D. 23B. ADDRESS **Sinai Hospital Baltimore** 23C. DATE SIGNED **21 Oct 52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24B. DATE **10-23-52** 24C. NAME OF CEMETERY OR CREMATORY **Herring River** 24D. LOCATION (City, town, or county) (State) **Balto MD**

25. FUNERAL DIRECTOR **Huntington Williams** ADDRESS **2100 Burton Pl**

AT **22 1952** VS-150 **4202409630**



525
52 9636MANEKIN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9636

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Samuel Manekin</i>		2. DATE OF DEATH <i>10/22/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>Lutheran Hosp. of Md, Inc</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2802 Oakley Ave 15</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>N</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m</i>	8. DATE OF BIRTH <i>12/13/1883</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bar tender</i>		9. AGE (In years last birthday) <i>69</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
13. FATHER'S NAME <i>Joe</i>		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME <i>Fannie</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Bessie Manekin - Home</i>	
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral hemorrhage</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>hypertensive arteriosclerotic heart disease</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>10/22 (12:30) 1952</i> , to <i>10/22 (5:40) 1952</i> , that I last saw the deceased alive on <i>10/22</i> , 19 <i>52</i> , and that death occurred at <i>3:20 a.m.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>J. J. Saar</i>		23B. ADDRESS <i>Luth. Hosp. of Md.</i>	
23C. DATE SIGNED <i>10/22/52</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	
24B. DATE <i>10-23-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Leith Tylor</i>	
24D. LOCATION (City, town, or county) <i>Balto</i>		24E. STATE <i>Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 22 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Jack Lewis</i>		ADDRESS <i>2100 Canton Rd</i>	

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CERTIFICATE OF DEATH

STATE OF NEW YORK

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) WILHELMINE HEIMBERGER		2. DATE OF DEATH 10-21-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4907 Cordelia Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18	
D. STREET ADDRESS (If rural, give location) 4907 Cordelia Ave		E. DATE OF BIRTH	
c. Length of stay in Baltimore 6 Yrs. Mos. Days		9. AGE (In years last birthday) 81	
5. SEX Female		10. AGE (In years last birthday) 81	
6. COLOR OR RACE White		11. BIRTHPLACE (State or foreign country) Germany	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. CITIZEN OF WHAT COUNTRY? _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		13. FATHER'S NAME Charles	
10B. KIND OF BUSINESS OR INDUSTRY _____		14. MOTHER'S MAIDEN NAME Habelle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Emil Heimberger		ADDRESS Baltimore	
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		(A) DUE TO Myocarditis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO Arteriosclerosis	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO Diabetic Mellitus	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Aug 30, 1952 to Oct 21, 1952 ; that I last saw the deceased alive on Oct 21, 1952 and that death occurred at 11:45 a. m., from the causes and on the date stated above.	
23A. SIGNATURE M. E. Heide M. D.		23B. ADDRESS 4215 Park Heights Rd	
23C. DATE SIGNED 10/22/52		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 10-22-52		24C. NAME OF CEMETERY OR CREMATORY Chevera Charas Chered	
24D. LOCATION (City, town, or county) Randallstown Md		24E. STATE Md	
25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Gaitan Rd	

Needles
4215 Paul Hgt
Mo 8775
Ro 2418
9⁴⁵ AM

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 9638

BIRTH NO. 9638

1. NAME OF DECEASED (Type or Print) IJNER MOURITZEN		2. DATE OF DEATH October 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE - Country: Denmark	
5. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Copenhagen	
7. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		8. STREET ADDRESS (If rural, give location) 1 Ved Ardebacken	
9. SEX male	10. COLOR OR RACE white	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	12. DATE OF BIRTH indefinite
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner - Captain		14. AGE (In years last birthday) 61	
15. KIND OF BUSINESS OR INDUSTRY merchant vessel		16. BIRTHPLACE (State or foreign country) Vensyssel, Denmark	
17. FATHER'S NAME unknown		18. CITIZEN OF WHAT COUNTRY? Denmark	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.	
21. INFORMANT Hinkins SS Agency		22. ADDRESS 1616 Munsey Bldg.	

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

[Signature]

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
Oct. 21, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

November

Denmark

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1952

Huntington Williams, M.D.

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

IN SENATE,
January 11, 1901.

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1900.

ALBINO W. BROWN, COMMISSIONER.

PRINTED BY THE STATE PRINTER.

1901.

RECEIVED

STATE OF CALIFORNIA

COMMISSIONER OF THE LAND OFFICE

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1900.

ALBINO W. BROWN, COMMISSIONER.

PRINTED BY THE STATE PRINTER.

1901.

RECEIVED

STATE OF CALIFORNIA

COMMISSIONER OF THE LAND OFFICE

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52 9639

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9639

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Rachel Cox Leef

2. DATE
OF
DEATH

Oct. 20, 1952

PLACE OF DEATH:

Baltimore City, Maryland Ambassador Apts.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
Md.

B. COUNTY

before admission)

FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore, township)

12-01

D. STREET ADDRESS (If rural, give location)

ST.

Ambassador Apts. Canterbury Rd. & 39th.

Length of stay in Baltimore life

Yrs.
Mos.
Days5. SEX
Female6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widow8. DATE OF BIRTH
March 7, 18669. AGE (In years
last birthday) 86

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)
none10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Baltimore, Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard Hyland Cox

14. MOTHER'S MAIDEN NAME

Mary Shields

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Mrs. Donald M. Smith 416 N. Ridgewood Rd.
South Orange, N.J.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

1-2 days

DUE TO

Congestive Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

Gradual

DUE TO

Myocarditis

(C)

Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from July, 1948 to Oct 20, 1952 that I last saw the
deceased alive on Oct 20, 1952 and that death occurred at 9 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1403 Park Ave

10-22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct. 22, 1952

Green Mount Cemetery

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Oct 22 1952

Huntington Williams, M.D.

John O. Mitchell & Son

1900 Eutaw Place

VS 150

19520109634

STATEMENT OF DEATH
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Informant		12. Signature of Coroner	
13. Signature of Medical Examiner		14. Signature of Police Officer		15. Signature of Funeral Home	
16. Signature of Burial Place		17. Signature of Cemetery		18. Signature of Interment	
19. Signature of Burial		20. Signature of Burial		21. Signature of Burial	
22. Signature of Burial		23. Signature of Burial		24. Signature of Burial	
25. Signature of Burial		26. Signature of Burial		27. Signature of Burial	
28. Signature of Burial		29. Signature of Burial		30. Signature of Burial	
31. Signature of Burial		32. Signature of Burial		33. Signature of Burial	
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97. Signature of Burial		98. Signature of Burial		99. Signature of Burial	
100. Signature of Burial		101. Signature of Burial		102. Signature of Burial	

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52 9640

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9640

1. NAME OF DECEASED (Type or Print) EDWARD A. GORMAN		2. DATE OF DEATH 10-21-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY 5-01	
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSP		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 12th FRONT ST	
C. Length of stay in Baltimore LIFE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) TOWER HOTEL, FRONT STREET	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1-1-1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME EDWARD GORMAN (D)		14. MOTHER'S MAIDEN NAME 1 ? (D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT DAVID T. GORMAN (SON)		ADDRESS 201 E. UNION PKWY -	

18. **150x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of the Esophagus**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Aneurysm of abdominal aorta

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **10-19**, 1952 to **10-21**, 1952 that I last saw the deceased alive on **10-21**, 1952 and that death occurred at **5:30 a.** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Harvey S. Green, Jr.

M. D.

Union Memorial Hospital**10-21-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

CREMATION**Oct. 23, 1952****GREEN MOUNT****BALTIMORE,****Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1952**Huntington Williams, M.D.****John O. Mitchell Sons 1900 Eutaw Pl.**

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF MARITIME SERVICE

NO. 10

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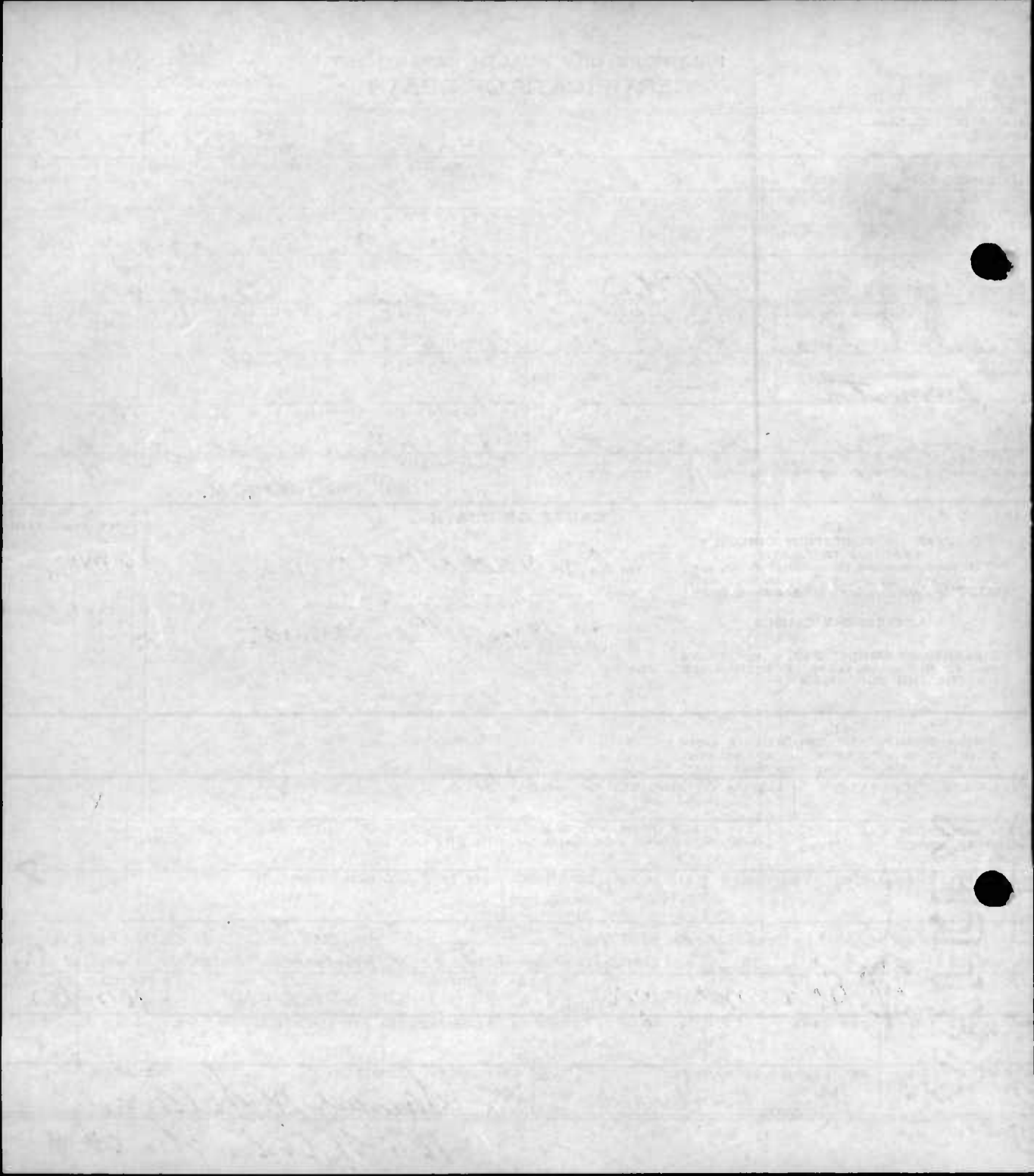
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9642
Registered No.

52 9642
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		HARRY J. SCHNEIDER		2. DATE OF DEATH October 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-02			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 544 S. Paca Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6/7/1881	9. AGE (In years last birthday) 71	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General laborer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Dorothy C. Ohl, 1000 Boyd Street	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

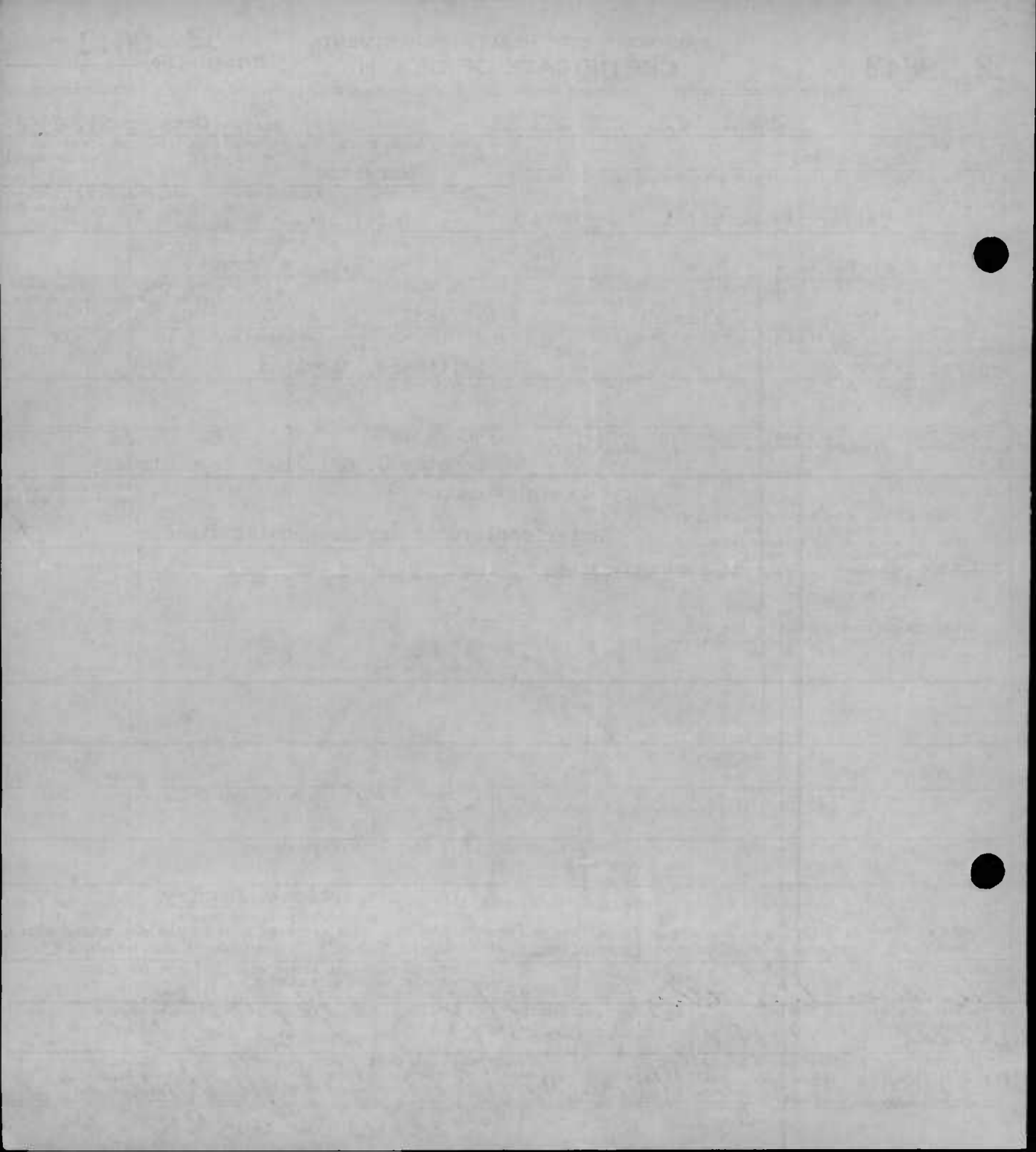
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Boyd</i>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Oct. 22, 1952
24A. BURIAL, CREMATION, OR REMOVAL (Specify)	24B. DATE 10/24/52	24C. NAME OF CEMETERY OR CREMATORY Greenwood
24D. LOCATION (City, town, or county) (State) Baltimore, Md.	25. FUNERAL DIRECTOR H. A. Co. Md.	ADDRESS Huntington Williams, M.D. Post Office B.M. Walters

DATE RECEIVED BY LOCAL REGISTRAR
OCT 22 1952

VS 151

970592



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9643

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADDIE THOMAS

2. DATE
OF
DEATH

10/17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

D.O.A. - Johns Hopkins

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life even if retired)

Domestic -

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

William Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

None

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5-02

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

403 Wayside St

8. DATE OF BIRTH

1877

9. AGE (In years
last birthday)

75

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Moriah Miles

17. INFORMANT

Alfred Wilson - 930 Central Ave

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Insufficiency
AORTIC VALVULAR Insufficiency

(B)

DUE TO

ARTERIO SCLEROTIC Heart Disease

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

10/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10/22/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

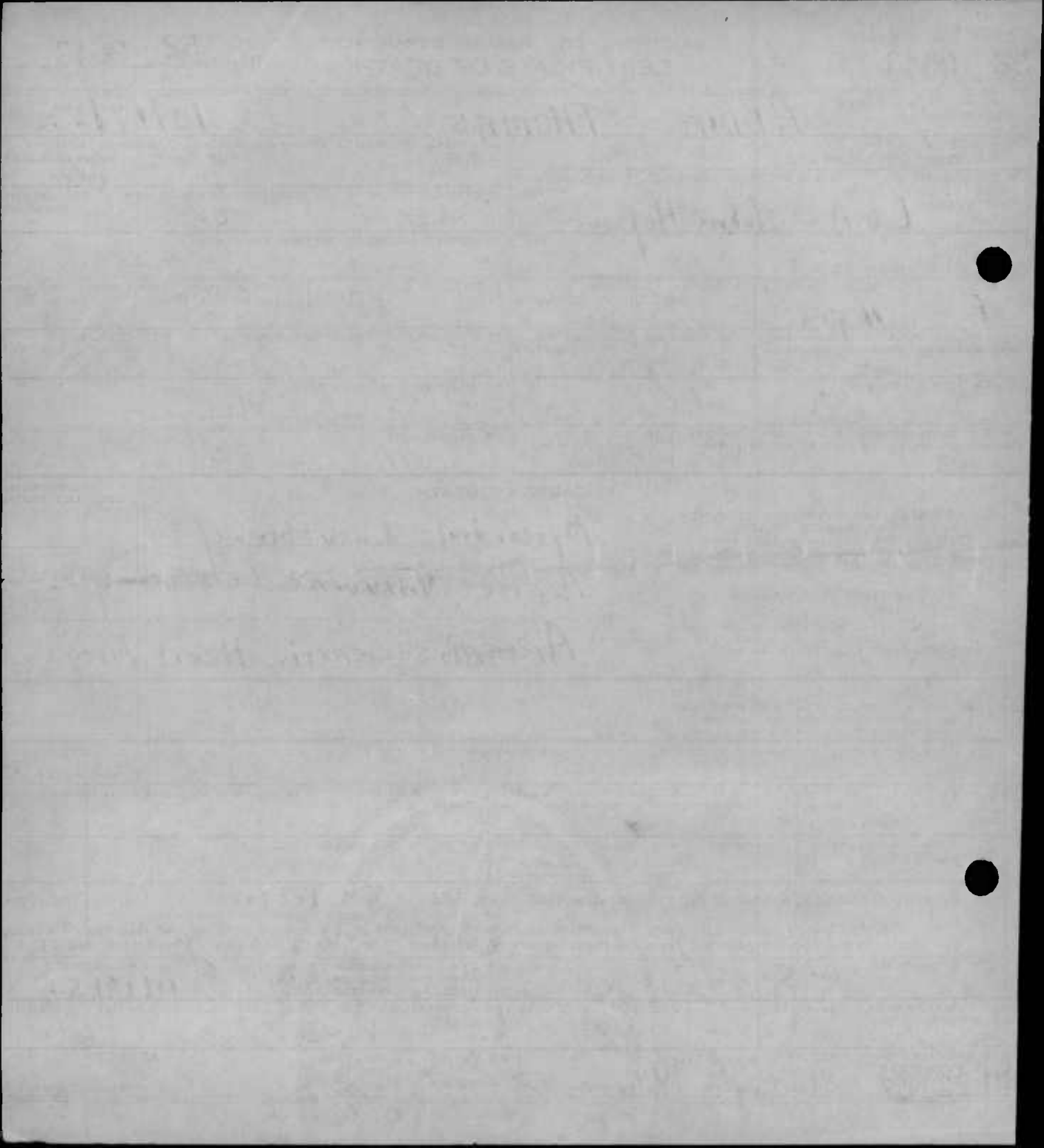
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lottie Gross - 1408 Ashland Ave



CERTIFICATE CORRECTED 11-7-52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9644

500
2 9644
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MELVIN D. QUEEN		2. DATE OF DEATH October 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3330 Fairfield		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
C. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) 3330 Fairfield	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH Jan 10 1935
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labored</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 17 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <u>Louis Queen</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Mary Palmer</u>	
17. INFORMANT <u>Bernie Clark</u>		ADDRESS	

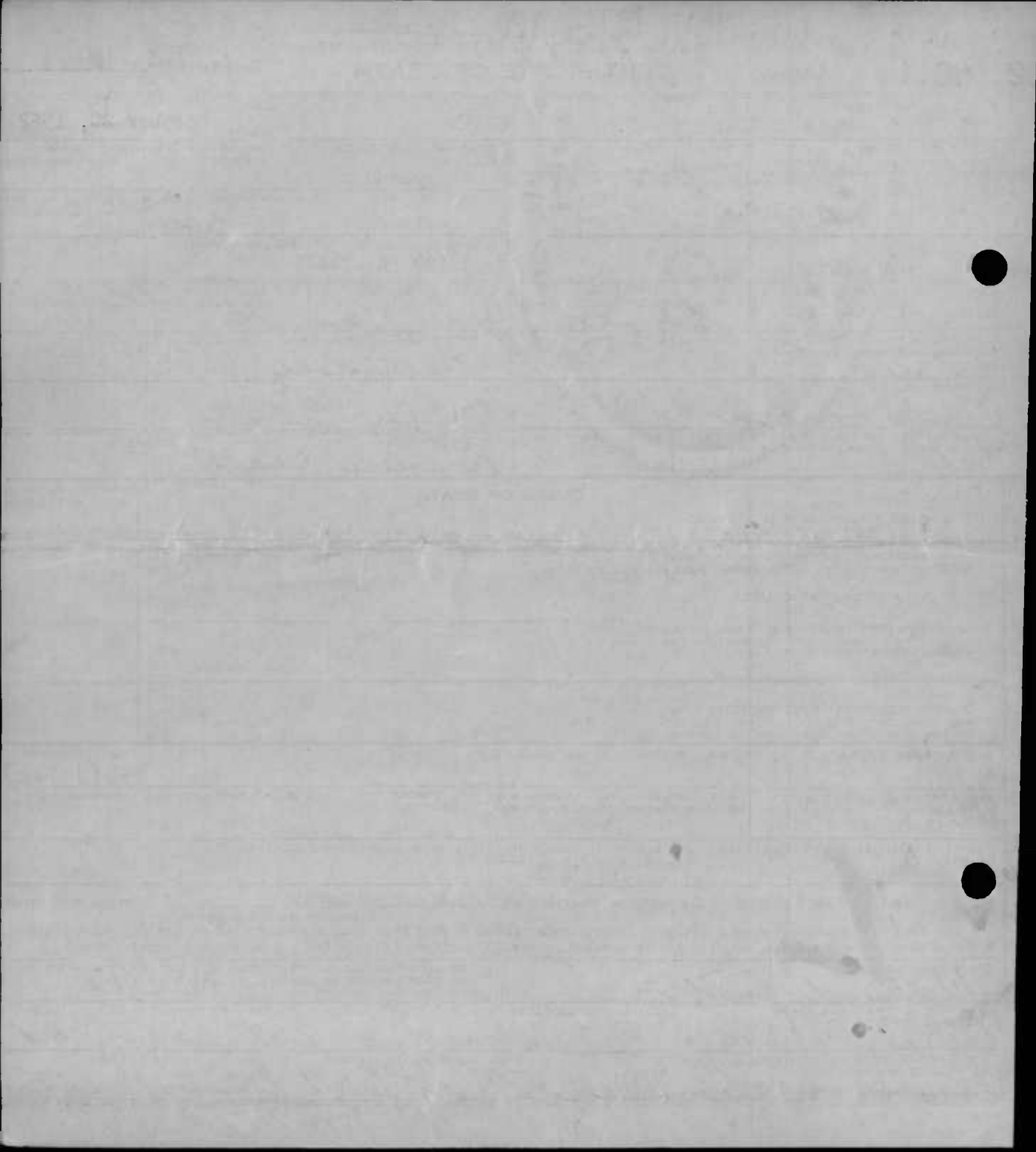
18. 431X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Acute interstitial myocarditis DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <u>William J. Smith</u>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 10/20/52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Oct 23/52	24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cem</u>	24D. LOCATION (City, town, or county) (State) <u>A.A. County Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR OCT 22 1952	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Mr. Robert A. Elliott, Daughter</u> <u>7129 N. Caroline St.</u>		

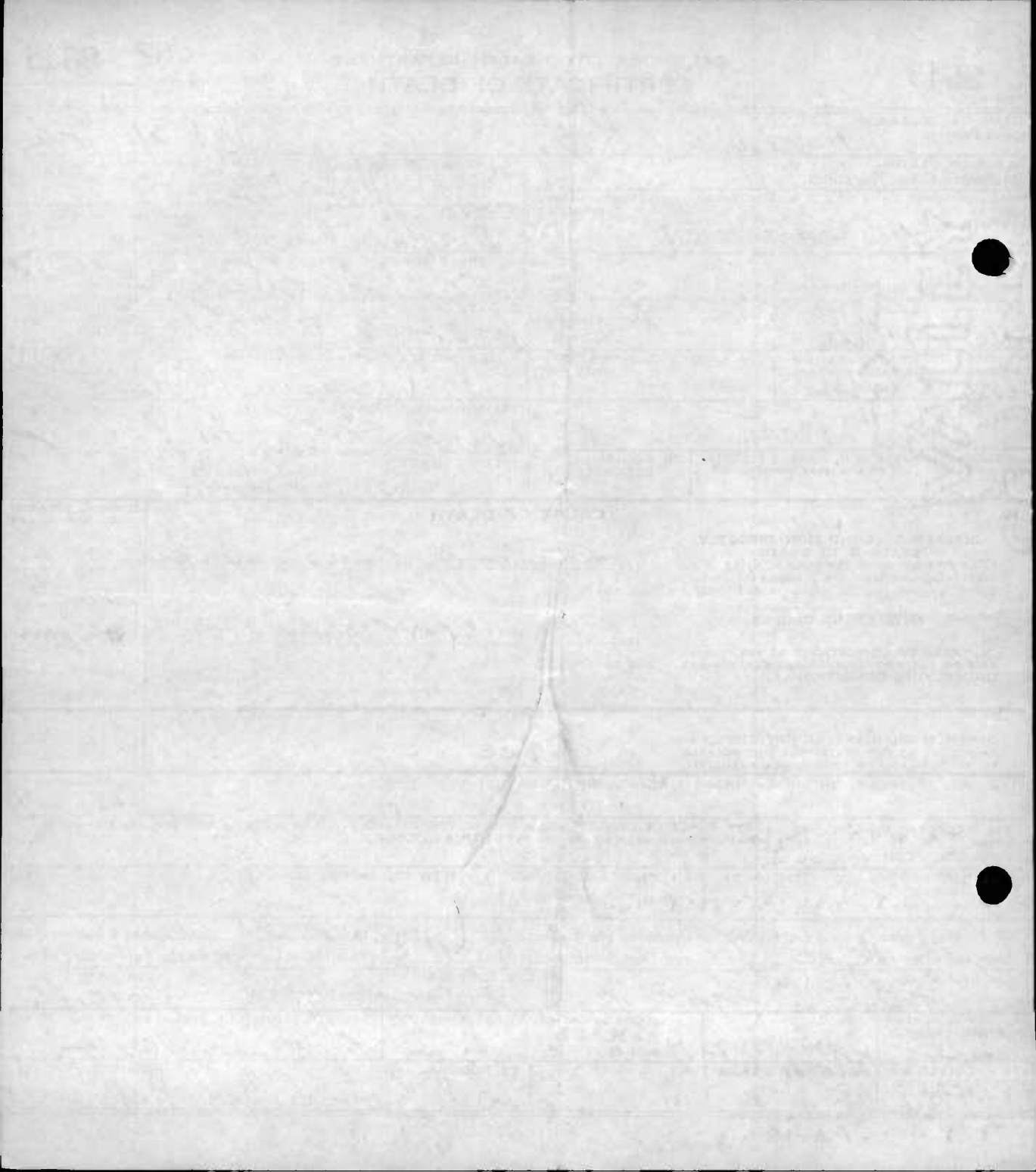
MEDICAL CERTIFICATION



320
9645BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 52 9645

BIRTH NO.		NAME OF DECEASED (Type or Print) Nathan Katz		2. DATE OF DEATH Oct. 21-1952	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE W. Virginia B. COUNTY V. 45 CITY OR TOWN Martinsburg		5. AGE (In years last birthday) 46	
FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		D. STREET ADDRESS (If rural, give location) 505 S. Queen St		6. DATE OF BIRTH 6-21-06	
Length of stay in Baltimore		Yrs. Mos. Days		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
SEX male		6. COLOR OR RACE white		8. DATE OF BIRTH 6-21-06	
9. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) Floor Buyer		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) W. Virginia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George Katz		14. MOTHER'S MAIDEN NAME Annie Blankfield	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Arteriosclerotic Cardiovascular Dis. (B) Diabetes Mellitus (C) _____ ANTECEDENT CAUSES DUE TO (A) _____ (B) _____ (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH about 2 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		NONE			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-1-1952 to 10-21-1952 that I last saw the deceased alive on 10-21-1952, and that death occurred at 8:15 P.M., from the causes and on the date stated above.					
23A. SIGNATURE John Higgins		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 10/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE October 23/52		24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Maryland		24E. FUNERAL DIRECTOR Sol Levenson & Bns		24F. ADDRESS 1126 W North ave	
DATE RECEIVED BY LOCAL REGISTRAR OCT 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			
VS 150		95280749610			



652
52 9646BARNES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9646

1. NAME OF DECEASED (Type or Print) (TOM) THOMAS BARNES		2. DATE OF DEATH 10/21/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2145 W. SARATOGA ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-02	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2145 W SARATOGA ST.	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 5/27/1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10B. KIND OF BUSINESS OR INDUSTRY UNEMPLOYED	
11. BIRTHPLACE (State or foreign country) S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME TOM BARNE		14. MOTHER'S MAIDEN NAME ELIZA. BARNES	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT PORTER FOREMAN		ADDRESS 2145 SARATOGA ST	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO MYOCARDIAL FAILURE ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) HYPERTENSIVE CARDIO-VASCULAR DISEASE (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 1 2	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-29, 1952, to 10-20, 1952, that I last saw the deceased alive on 10-20, 1952, and that death occurred at 7:02 a.m., from the causes and on the date stated above.			
23A. SIGNATURE Thomas W. Harris		23B. ADDRESS 1824 W. Franklin St	
23C. DATE SIGNED 10-21-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 10/26/52	
24C. NAME OF CEMETERY OR CREMATORY ST. LUKES BAPTIST CE.		24D. LOCATION (City, town, or county) (State) BARNWELL COUNTY S.C.	
25. FUNERAL DIRECTOR CHARLES G. COOPER-512 CARROLLTON AV		26. ADDRESS Huntington Williams, N.J.	

1/1/8

MEMORANDUM

TO : DIRECTOR

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 1/1/8

2/1/8
2/2/8
2/3/8

(11)

240
2 9647BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9647
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

MARY E. BOSLEY

2. DATE
OF
DEATH

10-22-52

PLACE OF DEATH:
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JANUARY MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

B SPARKS

D. STREET ADDRESS (If rural, give location)

5200

Length of stay in Baltimore

SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

FEMALE WHITE SINGLE

8. DATE OF BIRTH

10-23, 1881

9. AGE (In years last birthday)

70

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

J. JOSHUA G. BOSLEY

14. MOTHER'S MAIDEN NAME

BERTHA A. BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

—

17. INFORMANT

Hosp. Records

ADDRESS

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Adeno-Carcinoma of Hood

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of uterus

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 1952 to 10-22, 1952 that I last saw the deceased alive on 10-22, 1952 and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Rhudy

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

10-22-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

10-25-52

24C. NAME OF CEMETERY OR CREMATORY

Bosley Methodist

24D. LOCATION (City, town, or county)

Sparks, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L Scott Brooks, Sparks, Md

ADDRESS

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of jury		12. Signature of witnesses	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of cremation		19. Signature of other		20. Signature of other	
21. Signature of other		22. Signature of other		23. Signature of other		24. Signature of other	
25. Signature of other		26. Signature of other		27. Signature of other		28. Signature of other	
29. Signature of other		30. Signature of other		31. Signature of other		32. Signature of other	
33. Signature of other		34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other	
45. Signature of other		46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other		52. Signature of other	
53. Signature of other		54. Signature of other		55. Signature of other		56. Signature of other	
57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other	
65. Signature of other		66. Signature of other		67. Signature of other		68. Signature of other	
69. Signature of other		70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other		76. Signature of other	
77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other		88. Signature of other	
89. Signature of other		90. Signature of other		91. Signature of other		92. Signature of other	
93. Signature of other		94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

230

9648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

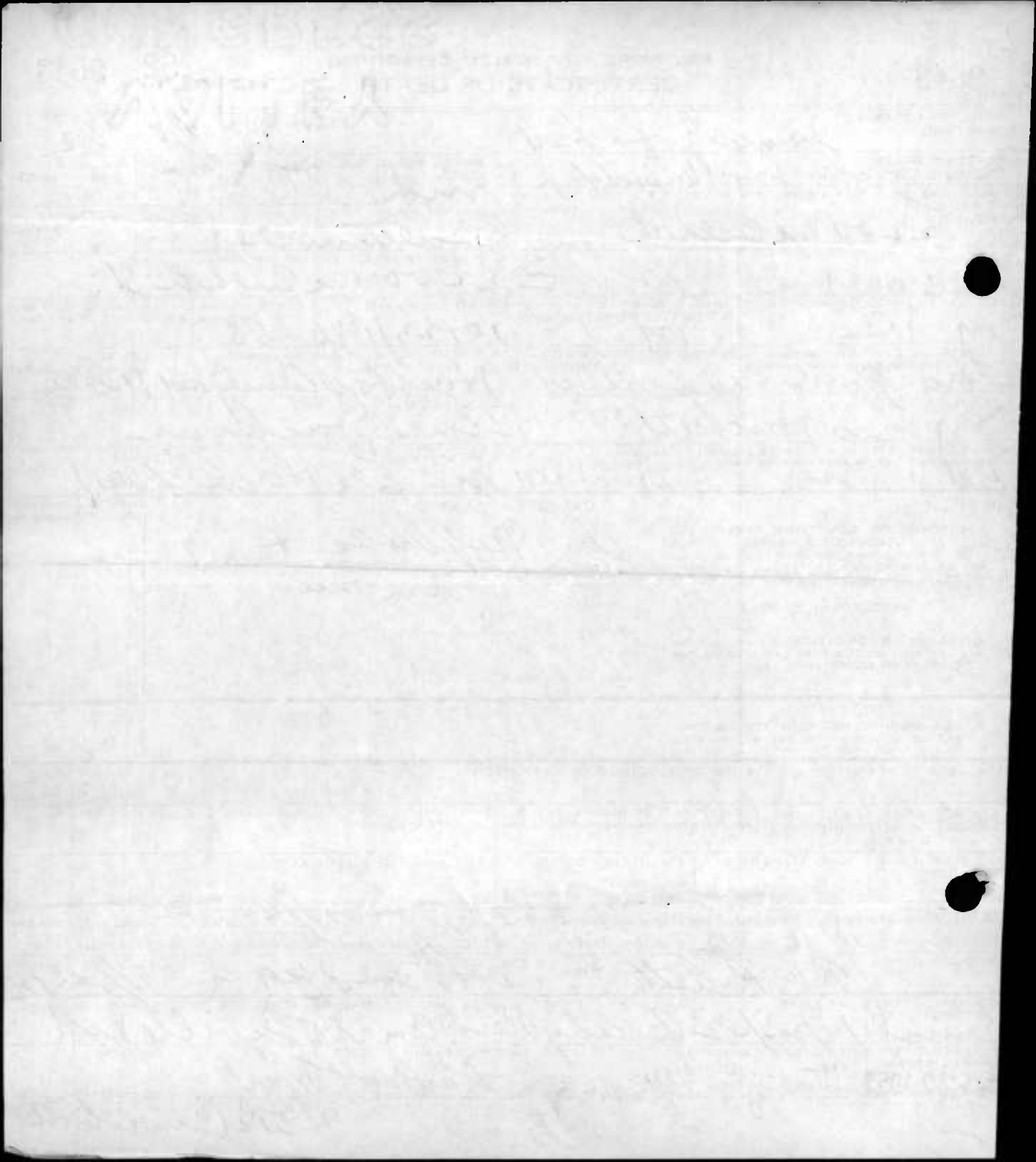
Registered No. 52 9648

1. NAME OF DECEASED (Type or Print) <i>James G. Hackett</i>		2. DATE OF DEATH <i>10/19-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2200 McCrewh St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>md</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2200 McCrewh</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>40</i>		D. STREET ADDRESS (If rural, give location) <i>2200 McCrewh St</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>10/23/1886</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chauffeur</i>		9. AGE (In years last birthday) <i>65</i>	
10A. KIND OF BUSINESS OR INDUSTRY <i>Unemployed</i>		11. BIRTHPLACE (State or foreign country) <i>Hartford County Md</i>	
3. FATHER'S NAME <i>Moses Hackett</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. MOTHER'S MAIDEN NAME <i>Anel Jackson</i>		14. INFORMANT <i>Minnie Hackett (W)</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>212.D3.2611</i>	
17. ADDRESS		18. ADDRESS	

18. <i>592X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Ch. Nephritis + Ure mia</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) <i>Ch. Nephritis + Ure mia</i>		
DUE TO (B) <i>Ure mia</i>		
DUE TO (C) <i>Ure mia</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>10/15</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/20</i> , 19 <i>32</i> , to <i>10/14</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>10/15</i> , 1922, and that death occurred at <i>6 A.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>B M R Luth Sr.</i>		23B. ADDRESS <i>2135 W. 4th St</i>		23C. DATE SIGNED <i>10/19-52</i>	
24A. NAME OF CEMETERY OR CREMATORY <i>Bushy Park Cem</i>		24B. LOCATION (City, town, or county) <i>Workeville Md</i>		24C. STATE <i>md</i>	
24D. DATE <i>10/23/52</i>		24E. NAME OF REGISTRAR <i>Huntington Williams</i>		24F. ADDRESS <i>Workeville Md</i>	
24G. RECEIVED BY AL REGISTRAR <i>VS 150</i>		24H. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		24I. FUNERAL DIRECTOR <i>Charles G. Grier</i>	

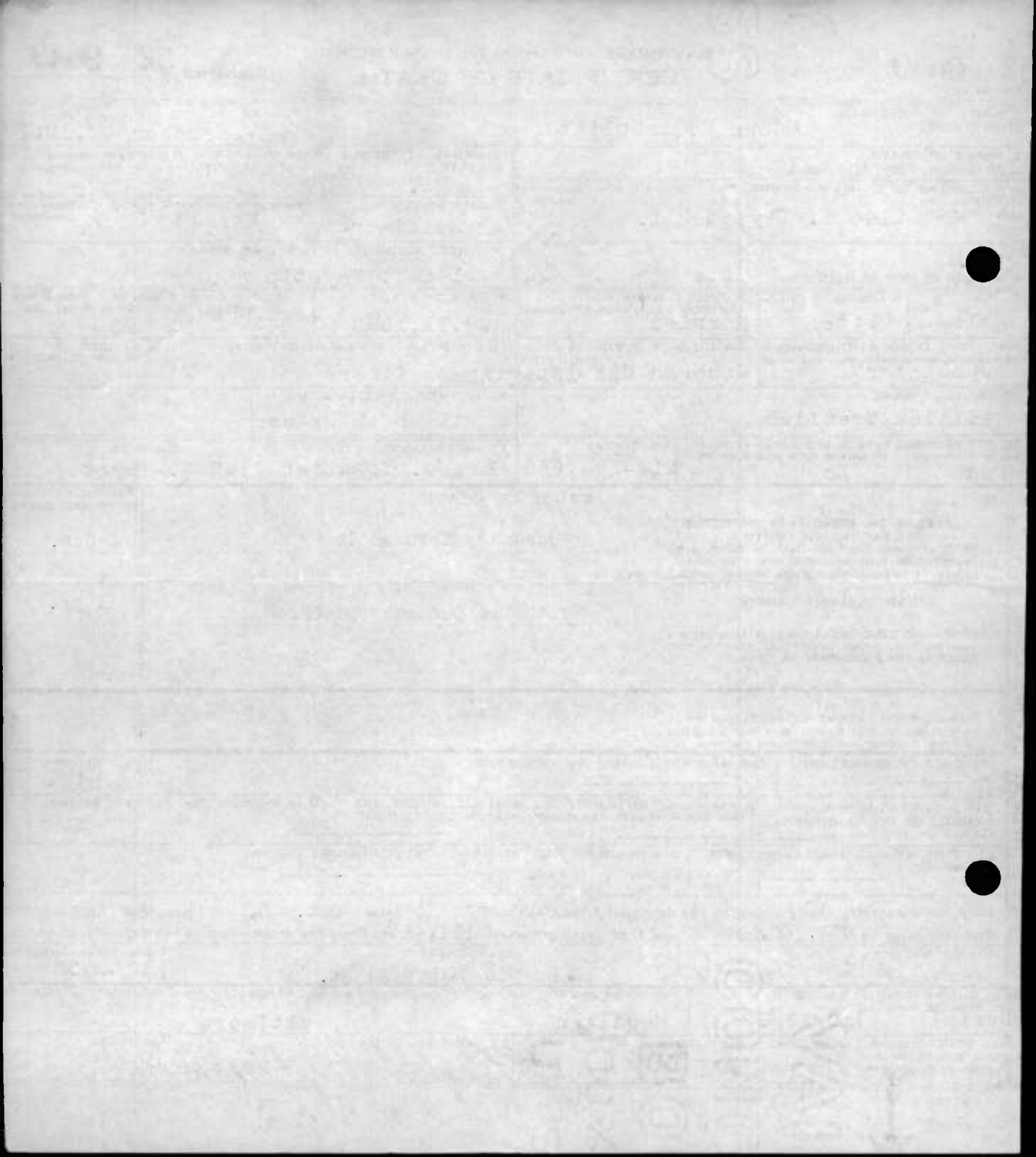
683522 0009 512 (Annotate W)



641
52 9649BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9649

1. NAME OF DECEASED (Type or Print) John W., Treulieb		2. DATE OF DEATH October 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 2146 W. Fayette St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2146 W. Fayette St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 31, 1988
9. AGE (In years last birthday) 64		10. BIRTHPLACE (State or foreign country) Baltimore	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Treulieb		14. MOTHER'S MAIDEN NAME Elizabeth Brauer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 213-52-7955	
17. INFORMANT Emma C. Treulieb		ADDRESS 2146 W. Fayette St.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Sclerotic Coronary Disease DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 2 hrs. About 1 yr.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from February , 1952, to Oct. 20 , 1952, that I last saw the deceased alive on Oct. 20 , 1952, and that death occurred at 11:45 a. m. , from the causes and on the date stated above.			
23A. SIGNATURE Amos S. Marr		23B. ADDRESS 516 Cathedral St.	
23C. DATE SIGNED 10/22/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/23/52	
24C. NAME OF CEMETERY OR CREMATORY Woodlawn		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR OCT 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Fred. A. Cole		ADDRESS 1913 W. Baltimore St.	



51
9650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9650

NAME OF DECEASED
(Type or Print)

Elizabeth Davenport

2. DATE
OF
DEATH

Oct. 20/52

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

423 N. Loudon Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

423 N. Loudon Ave.

Length of stay in Baltimore 57 yrs

SEX
male

6. COLOR OR RACE
W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH
May 5, 1865

9. AGE (In years last birthday)
87

A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

ne

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME

-----raser

14. MOTHER'S MAIDEN NAME

Unknown

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Percy F. Davenport, 423 N. Loudon Ave

18. 442x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Mycobacterium tuberculosis
DUE TO

10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis
DUE TO

15 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
M. WORK AT WORK

22. I hereby certify that I attended the deceased from 1940, 1952, to Oct 20, 1952, that I last saw the deceased alive on Oct 20, 1952, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

Oct. 23/52

Loudon Park

Baltimore, Md.

DATE RECEIVED BY
DEPT. REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1952

Huntington Williams, Harry N. Witzler, 4101 Edmondson Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9651

IRTH NO. 53
9651

NAME OF DECEASED (Type or Print) *Augusta Steinmetz*

2. DATE OF DEATH *Oct-22-1952*

PLACE OF DEATH: *Baltimore City, Maryland*

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE *Md* B. COUNTY

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

5. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore 1-05

6. STREET ADDRESS (If rural, give location)
2209 E. Baltimore

Length of stay in Baltimore *40 years*

SEX *female* 6. COLOR OR RACE *white* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widowed*

8. DATE OF BIRTH *12-2-83* 9. AGE (In years last birthday) *69* 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) *Hist. examiner* 10B. KIND OF BUSINESS OR INDUSTRY *Acting Shift C*

11. BIRTHPLACE (State or foreign country) *Germany* 12. CITIZEN OF WHAT COUNTRY? *U.S.*

FATHER'S NAME *Herman Widenhoest* 14. MOTHER'S MAIDEN NAME *Teresa Widenhoest*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) *No* 16. SOCIAL SECURITY NO. *215-07-1712*

17. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. *443X* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Vasc. Accident* DUE TO

ANTECEDENT CAUSES

(B) *arteriosclerotic hypertensive cardiovascular Riken* DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-20*, 19*52*, to *10-22*, 19*52*, that I last saw the deceased alive on *10-22*, 19*52*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE *W.E. Mathison Jr.* 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *10/22/52*

A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *Oct. 25-1952* 24C. NAME OF CEMETERY OR CREMATORY *Baltimore Cem.* 24D. LOCATION (City, town, or county) (State) *Baltimore, Md.*

25. FUNERAL DIRECTOR ADDRESS *Freemont Quincost*

VS 150 *6904G 24000 Liberty Hgts. Ave.*



600

CERTIFICATE CORRECTED 11-5-52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 9652
Registered No.

BIRTH NO. 52 9652

1. NAME OF DECEASED (Type or Print) J. Edward Bauer Sr			2. DATE OF DEATH OCT. 21-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 5422 Belair Road			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 27-34		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 5422 Belair Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 16-1905		9. AGE (In years last birthday) 47
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice Pres. Wm Whitling - MARINE SUP		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTO Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward J. Bauer			14. MOTHER'S MAIDEN NAME CATHERINE Berger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. L.C. Bauer - 5422 Belair		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis with myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary thrombosis with myocardial infarction		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Torn muscles in RT. shoulder 16 yrs ago - Months ago		

19A. DATE OF OPERATION 10/24/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 10 1952 to 21 Oct 1952 that I last saw the deceased alive on 21 Oct 1952 and that death occurred at 4:00 p.m. from the causes and on the date stated above.					
23A. SIGNATURE James E. White		23B. ADDRESS 5214 Norfolk Rd		23C. DATE SIGNED 22 Oct 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/24/52		24C. NAME OF CEMETERY OR CREMATORY Western	
24D. LOCATION (City, town, or county) (State) Bald Md		25. FUNERAL DIRECTOR ADDRESS L. J. Ruck 5305 Harford Rd			

192986N 09617

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1918

NEW YORK
COUNTY
DEPARTMENT OF HEALTH
OFFICE OF THE
REGISTERAR
GENERAL

Name of Deceased		Date of Death	
Sex		Age	
Cause of Death		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Date of Registration	

D. R. White

S-326
9653 S-342BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9653

IRTH NO.

NAME OF DECEASED
(Type or Print)

GEORGE W. STAIGER (STALGIES)

2. DATE
OF
DEATH

10/20/52

PLACE OF DEATH:
Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

FULL NAME OF
(If not in hospital or institution, give street address or
location)OSPITAL OR
STITUTION

1305 W. LOMBARD ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 19-03

D. STREET ADDRESS (If rural, give location)

1305 W LOMBARD ST.

Length of stay in Baltimore

50.

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days Hours: Min.10. A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 150X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma lower end of
esophagus

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 2-20, 1948, to Oct 20, 1952 that I last saw the
deceased alive on Oct 15, 1952, and that death occurred at 7:15 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1227 Wash. Blvd

10-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

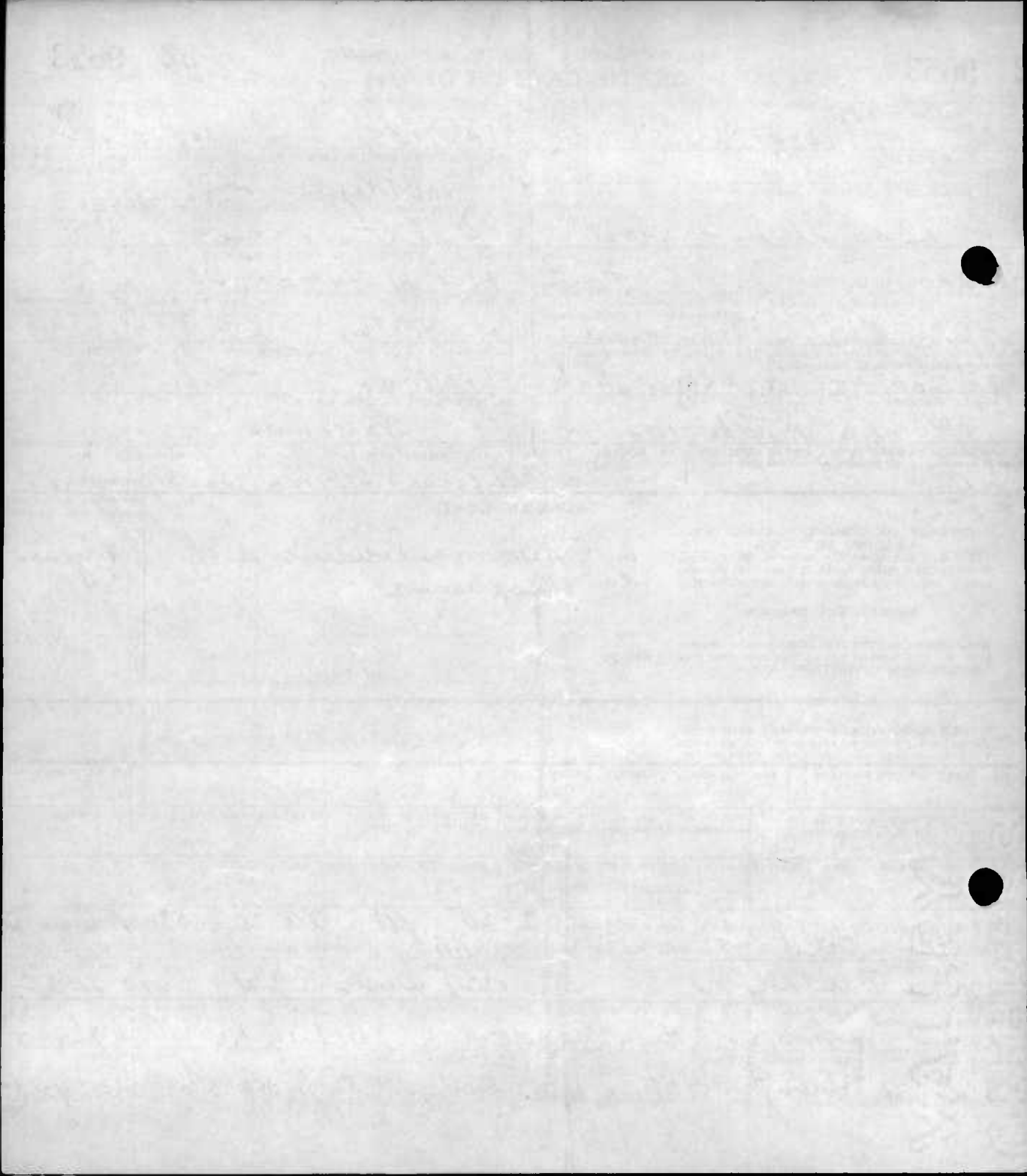
OCT 22 1952

Huntington Williams, M.D.

CHARLES W. KACHAVSKAS 703 McHENRY ST

VS 150

19520009640



<div>653</div> <div>2 9654</div> <div>BIRTH NO. 82-24715</div>				<div>THORNTON</div> <div>BALTIMORE CITY HEALTH DEPARTMENT</div> <div>CERTIFICATE OF DEATH</div>		<div>52</div> <div>9654</div> <div>Registered No.</div>	
1. NAME OF DECEASED (Type or Print) Baby Girl Thornton				2. DATE OF DEATH 10/22/52			
3. PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
5. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
6. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 136 W. Clement St.			
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH 10/16/52		11. AGE (in years last birthday) 6		12. Under 1 Year Months: Days: Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			14. KIND OF BUSINESS OR INDUSTRY		15. BIRTHPLACE (State or foreign country) Balt. Md.		16. CITIZEN OF WHAT COUNTRY?
17. FATHER'S NAME John M. Thornton				18. MOTHER'S MAIDEN NAME Evelyn Wedekind			
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no none		20. SOCIAL SECURITY NO. none		21. INFORMANT ADDRESS Mr. John Thornton 136 W. Clement St.			
22. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Atelectasis DUE TO (B) DUE TO (C)				23. INTERVAL BETWEEN ONSET AND DEATH 1 day			
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				25. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Prematurity			
26. 19A. DATE OF OPERATION		27. 19B. MAJOR FINDINGS OF OPERATION		28. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
29. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		30. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		31. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
32. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		33. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		34. 21F. HOW DID INJURY OCCUR?			
35. 22. I hereby certify that I attended the deceased from 10/16/52, 19__, to 10/22/52, 19__, that I last saw the deceased alive on 10/22/52, 19__, and that death occurred at 2:55 A.M., from the causes and on the date stated above.							
36. 23A. SIGNATURE W. M. Lowmyer				37. 23B. ADDRESS South Baltimore General Hospital		38. 23C. DATE SIGNED	
39. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		40. 24B. DATE Oct. 30, 1952		41. 24C. NAME OF CEMETERY OR CREMATORY New Cathedral		42. 24D. LOCATION (City, town or county) (State) Baltimore, Md.	
43. 25. DATE RECEIVED BY LOCAL REGISTRAR OCT 22 1952		44. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		45. 25. FUNERAL DIRECTOR ADDRESS KRAUSE FUNERAL HOME 1216 S. Charles St.			

100

STATIONER'S COPY



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 9655

1. NAME OF DECEASED (Type or Print) MATOLDA E. KREISEL		2. DATE OF DEATH Oct. 20, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland 1626 Darley Ave.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 1626 Darley Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1626 Darley Ave.	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH May 30, 1878
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		12. AGE (In years last birthday) 74 If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.	
13. FATHER'S NAME Otto Kreisel		14. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? Maryland	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME Louise Wack	
19. INFORMANT Frederick T. Kreisel		20. ADDRESS 1626 Darley Ave.	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct 6, 1952</u> , to <u>Oct 20, 1952</u> , that I last saw the deceased alive on <u>Oct 13, 1952</u> and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Charles A. Anderson</i>		23B. ADDRESS <i>3001 Shannon Drive</i>	
23C. DATE SIGNED <i>Oct 20-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Oct. 23, 1962	
24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS Ullrich Funeral Home 2008 Orleans St.	

CERTIFICATE OF DEATH

DATE OF DEATH

AGE

SEX

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

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CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

100-100000-100000

RECEIVED BY THE
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

100-100000-100000



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 9657

1. NAME OF DECEASED (Type or Print) <u>William Jobloski Jobloski</u>		2. DATE OF DEATH <u>00079-1952</u>	
3. PLACE OF DEATH: <u>Baltimore City, Maryland 1200 Valley St</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>10-01</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sister of Poor</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
Length of stay in Baltimore <u>10 yrs</u>		D. STREET ADDRESS (If rural, give location) <u>1200 Valley St</u>	
6. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1888</u>
A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>64</u>
FATHER'S NAME <u>John Jobloski</u>		11. BIRTHPLACE (State or foreign country) <u>Poland</u>	
12. CITIZEN OF WHAT COUNTRY?		14. MOTHER'S MAIDEN NAME <u>don't know</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <u>422.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>5 yrs</u> <u>1 year</u>
DUE TO <u>Arterio Sclerosis</u>		
DUE TO <u>Bronchial Asthma</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <u>00079-1952</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept 1</u> , 19 <u>52</u> , to <u>00079-1952</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>00017</u> , 19 <u>52</u> , and that death occurred at <u>20</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>E Gull Hall M.D.</u>		23B. ADDRESS <u>1631 E North Ave</u>		23C. DATE SIGNED <u>Oct 20-1952</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Oct. 22, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Cathedral</u>	
24D. LOCATION (City, town, or county) <u>Baltimore</u>		24E. FUNERAL DIRECTOR <u>Rita Wiedefeld</u>		24F. ADDRESS <u>906 Reddle St</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 22 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		VS 150	

200 2 9658

CERTIFICATE CORRECTED 10-28-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **52 9658**

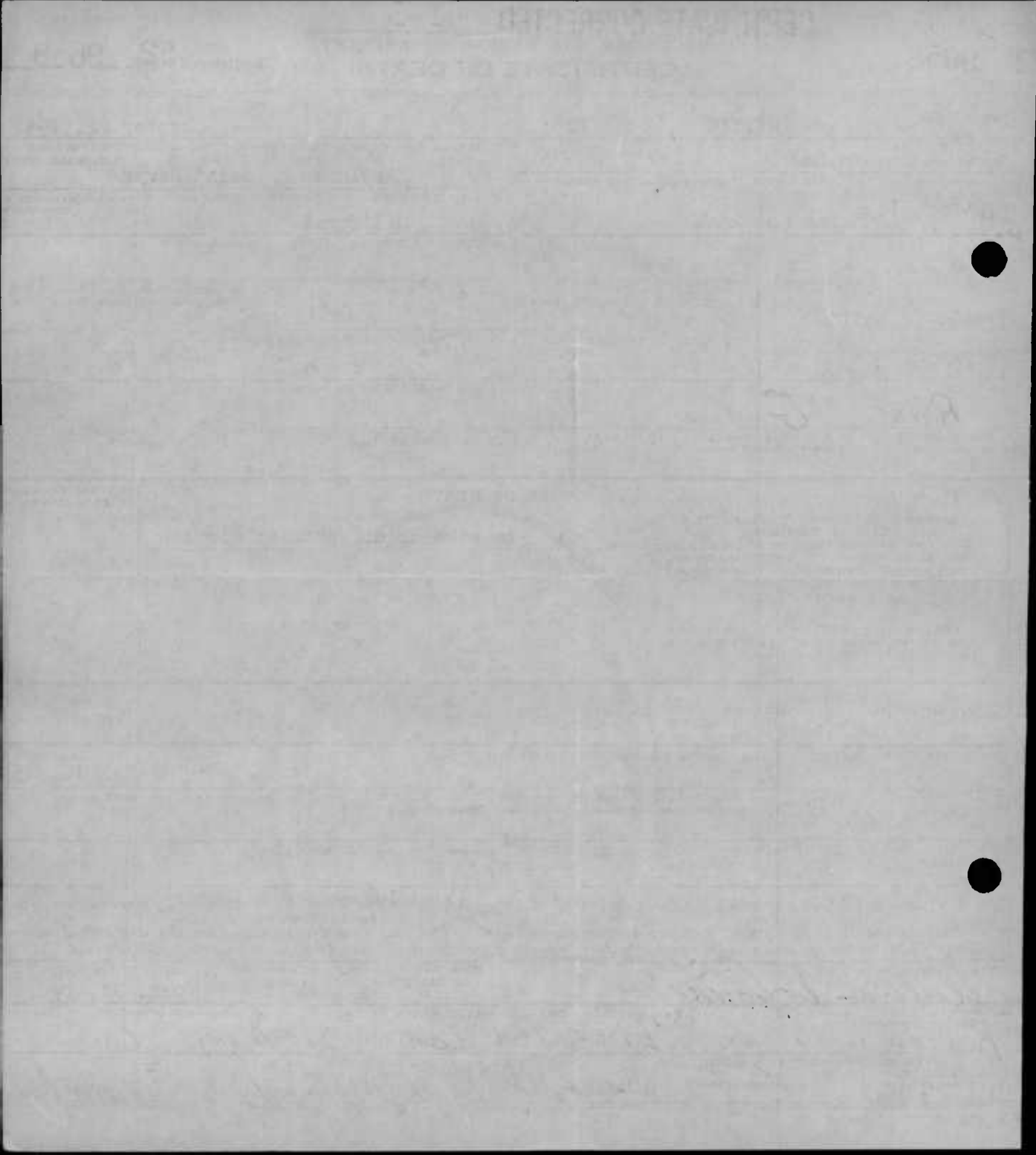
1. NAME OF DECEASED (Type or Print) NETTIE M. WISE		2. DATE OF DEATH October 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Saint Marys	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) California	
C. Length of stay in Baltimore 4 days		D. STREET ADDRESS (If rural, give location) 6800	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23-1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME ROSS GRAVES		11. BIRTHPLACE (State or foreign country) MARY LAND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S/MAIDEN NAME LAURA F. JONES	
17. INFORMANT J. HARMON BROWN		ADDRESS SAINT MARYS	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. Brown		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Oct. 22, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE OCT 24 1952	24C. NAME OF CEMETERY OR CREMATORY LEDESEYER Cem.	24D. LOCATION (City, town, or county) ST MARYS Co	(State)
DATE RECEIVED BY LOCAL REGISTRAR OCT 22 1952	REGISTRAR'S SIGNATURE Thurston Williams, M.D.	25. FUNERAL DIRECTOR Joseph M. B. 1952		ADDRESS ST MARYS Co



525
2 9659BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9659
Registered No.

IRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henretta Ramsen

2. DATE
OF
DEATH

10/20/1952

3. PLACE OF DEATH:

Baltimore City, Maryland Balto. City

4. FULL NAME OF (If not in hospital or institution, give street address or location)
OSPITAL OR
INSTITUTION

1621 McCulloh Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1621 McCulloh Street

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

At Home

9. FATHER'S NAME

Sidney Popes

11. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Lenard Ramsen 1616 Delano Ct

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Cerebral-vascular Accident

96 hrs

Essential Hypertension

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-18-, 1952, to 10-20-, 1952, that I last saw the deceased alive on 10-19, 1952 and that death occurred at 12:45 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct. 25, 1952 Coelter Cem.

Newton N.C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1952

Huntington Williams, M.D.

Elroy I. Wilson 1010 Bunting Ave

VS 150

1952 92089 654

MINISTRY OF HEALTH
CERTIFICATE OF DEATH

1. Name of the deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Signature of the doctor		9. Signature of the registrar	
10. Signature of the informant		11. Signature of the witness		12. Signature of the coroner	
13. Signature of the undertaker		14. Signature of the funeral director		15. Signature of the cemetery	
16. Signature of the burial society		17. Signature of the burial ground		18. Signature of the burial place	
19. Signature of the burial site		20. Signature of the burial ground		21. Signature of the burial place	
22. Signature of the burial site		23. Signature of the burial ground		24. Signature of the burial place	
25. Signature of the burial site		26. Signature of the burial ground		27. Signature of the burial place	
28. Signature of the burial site		29. Signature of the burial ground		30. Signature of the burial place	
31. Signature of the burial site		32. Signature of the burial ground		33. Signature of the burial place	
34. Signature of the burial site		35. Signature of the burial ground		36. Signature of the burial place	
37. Signature of the burial site		38. Signature of the burial ground		39. Signature of the burial place	
40. Signature of the burial site		41. Signature of the burial ground		42. Signature of the burial place	
43. Signature of the burial site		44. Signature of the burial ground		45. Signature of the burial place	
46. Signature of the burial site		47. Signature of the burial ground		48. Signature of the burial place	
49. Signature of the burial site		50. Signature of the burial ground		51. Signature of the burial place	
52. Signature of the burial site		53. Signature of the burial ground		54. Signature of the burial place	
55. Signature of the burial site		56. Signature of the burial ground		57. Signature of the burial place	
58. Signature of the burial site		59. Signature of the burial ground		60. Signature of the burial place	
61. Signature of the burial site		62. Signature of the burial ground		63. Signature of the burial place	
64. Signature of the burial site		65. Signature of the burial ground		66. Signature of the burial place	
67. Signature of the burial site		68. Signature of the burial ground		69. Signature of the burial place	
70. Signature of the burial site		71. Signature of the burial ground		72. Signature of the burial place	
73. Signature of the burial site		74. Signature of the burial ground		75. Signature of the burial place	
76. Signature of the burial site		77. Signature of the burial ground		78. Signature of the burial place	
79. Signature of the burial site		80. Signature of the burial ground		81. Signature of the burial place	
82. Signature of the burial site		83. Signature of the burial ground		84. Signature of the burial place	
85. Signature of the burial site		86. Signature of the burial ground		87. Signature of the burial place	
88. Signature of the burial site		89. Signature of the burial ground		90. Signature of the burial place	
91. Signature of the burial site		92. Signature of the burial ground		93. Signature of the burial place	
94. Signature of the burial site		95. Signature of the burial ground		96. Signature of the burial place	
97. Signature of the burial site		98. Signature of the burial ground		99. Signature of the burial place	
100. Signature of the burial site		101. Signature of the burial ground		102. Signature of the burial place	

400 Dr Burwell

52 9660

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9660
Registered No.

1. NAME OF DECEASED (Type or Print) Martina Hill			2. DATE OF DEATH 10/19/1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1828 East North Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 45 Yrs.			D. STREET ADDRESS (If rural, give location) 1828 East North Avenue		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 20, 1876	9. AGE (in years last birthday) 75	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) N.C.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mildred Hill 1828 E. North Ave	

18. 331 X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral thrombosis		2 months	
ANTECEDENT CAUSES		(B) Hypertension (essential)		40 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Severe arteriosclerosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5 June 1952 to 19 Oct 52 , that I last saw the deceased alive on 18 Oct 52 , and that death occurred at 3 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE G. E. Burwell		23B. ADDRESS 171 Cresenth W		23C. DATE SIGNED 10-13-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/22/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Elmigo Wilson		ADDRESS 1000 Bently Ave	

19520009650

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of medical examiner		12. Signature of health officer	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of crematorium		18. Signature of crematorium		19. Signature of crematorium		20. Signature of crematorium	
21. Signature of crematorium		22. Signature of crematorium		23. Signature of crematorium		24. Signature of crematorium	
25. Signature of crematorium		26. Signature of crematorium		27. Signature of crematorium		28. Signature of crematorium	
29. Signature of crematorium		30. Signature of crematorium		31. Signature of crematorium		32. Signature of crematorium	
33. Signature of crematorium		34. Signature of crematorium		35. Signature of crematorium		36. Signature of crematorium	
37. Signature of crematorium		38. Signature of crematorium		39. Signature of crematorium		40. Signature of crematorium	
41. Signature of crematorium		42. Signature of crematorium		43. Signature of crematorium		44. Signature of crematorium	
45. Signature of crematorium		46. Signature of crematorium		47. Signature of crematorium		48. Signature of crematorium	
49. Signature of crematorium		50. Signature of crematorium		51. Signature of crematorium		52. Signature of crematorium	
53. Signature of crematorium		54. Signature of crematorium		55. Signature of crematorium		56. Signature of crematorium	
57. Signature of crematorium		58. Signature of crematorium		59. Signature of crematorium		60. Signature of crematorium	
61. Signature of crematorium		62. Signature of crematorium		63. Signature of crematorium		64. Signature of crematorium	
65. Signature of crematorium		66. Signature of crematorium		67. Signature of crematorium		68. Signature of crematorium	
69. Signature of crematorium		70. Signature of crematorium		71. Signature of crematorium		72. Signature of crematorium	
73. Signature of crematorium		74. Signature of crematorium		75. Signature of crematorium		76. Signature of crematorium	
77. Signature of crematorium		78. Signature of crematorium		79. Signature of crematorium		80. Signature of crematorium	
81. Signature of crematorium		82. Signature of crematorium		83. Signature of crematorium		84. Signature of crematorium	
85. Signature of crematorium		86. Signature of crematorium		87. Signature of crematorium		88. Signature of crematorium	
89. Signature of crematorium		90. Signature of crematorium		91. Signature of crematorium		92. Signature of crematorium	
93. Signature of crematorium		94. Signature of crematorium		95. Signature of crematorium		96. Signature of crematorium	
97. Signature of crematorium		98. Signature of crematorium		99. Signature of crematorium		100. Signature of crematorium	

536
52 9661BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9661

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Harriett Keys V.A. Anderson		2. DATE OF DEATH 10/20/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2221 Bryant Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 15 Yrs.		D. STREET ADDRESS (If rural, give location) 2221 Bryant Ave			
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug.-1-1862	9. AGE (In years last birthday) 90	10. Under 1 Year Months: Days 11. Under 21 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Hardford Co. Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Mathew		14. MOTHER'S MAIDEN NAME Jane ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Harry Anderson 2221 Bryant Ave	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertension ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ?		CAUSE OF DEATH Cerebral Hemorrhage Hypertension		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-1-1962 to 10-20-1962 , that I last saw the deceased alive on 10/18/1962 and that death occurred at 10A m., from the causes and on the date stated above.					
23A. SIGNATURE Douglas Shepherd		23B. ADDRESS 604 N. Fulton Ave		23C. DATE SIGNED 10-20-62	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/23/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		25. FUNERAL DIRECTOR Elroy O. Wilson		ADDRESS 1000 Brantly Ave	
DATE RECEIVED BY LOCAL REGISTRAR OCT 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150 952029656	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1931

1931



300
52 9662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9662

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Lena Loyd</i>		2. DATE OF DEATH <i>10-22-1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore 25-04</i>	
6. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>3702- 3rd. street- 25</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH <i>9-22-1887</i>
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Housewife</i>		12. AGE (In years last birthday) <i>65</i>	
13. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		14. CITIZENSHIP (If Under 1 Year Months: Days If Under 24 Hours Hours: Min.)	
15. FATHER'S NAME <i>David Keyser</i>		16. BIRTHPLACE (State or foreign country) <i>Iowa</i>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		18. MOTHER'S MAIDEN NAME <i>Eveling S. Loyd</i>	
19. SOCIAL SECURITY NO.		20. INFORMANT <i>Family - Same</i>	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Left heart Failure</i> DUE TO <i>Arteriosclerotic C.V. disease</i> (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>10-22-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>10-22-52</i> to <i>10-22-52</i> , that I last saw the deceased alive on <i>10-22-52</i> , and that death occurred at <i>3:30</i> A.M., from the causes and on the date stated above.				
23A. SIGNATURE <i>George Elton</i>		23B. ADDRESS <i>St. Agnes Hosp</i>		23C. DATE SIGNED <i>10-22-52</i>
4A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>10-24-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>LOCKON PARK</i>	24D. LOCATION (City, town, or county) (State) <i>BALTO.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>CT 22 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR <i>James L. McCreary</i> ADDRESS		

819526009657

UNITED STATES DEPARTMENT OF THE ARMY
HEADQUARTERS, ARMY MEDICAL DEPARTMENT

100-100000

OFFICE OF THE CHIEF OF MEDICAL SERVICE

REPORT OF THE CHIEF OF MEDICAL SERVICE
ON THE MEDICAL SITUATION IN THE
ARMY OF THE UNITED STATES
DURING THE YEAR 1944

UNITED STATES DEPARTMENT OF THE ARMY

HEADQUARTERS, ARMY MEDICAL DEPARTMENT

100-100000

45
2 9653

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9653

1. NAME OF DECEASED (Type or Print) JOHN M. STILLMAN		2. DATE OF DEATH OCT. 22, 1952	
3. PLACE OF DEATH: HOME Baltimore City, Maryland 3419 CHILDS CT.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) —		C. CITY OR TOWN BALTIMORE (If outside corporate limits, write RURAL and give township)	
6. LENGTH OF STAY IN BALTIMORE 4 YRS.		D. STREET ADDRESS (If rural, give location) 3419 CHILDS CT.	
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	10. DATE OF BIRTH 1/25/87
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		12. AGE (in years last birthday) 65	13. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
14. FATHER'S NAME SAM STILLMAN		15. BIRTHPLACE (State or foreign country) WASHINGTON COUNTY	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		17. MOTHER'S MAIDEN NAME MODLIN	
18. SOCIAL SECURITY NO.		19. INFORMANT Family Same	
20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) 331X		21. CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Arteriosclerosis and Hypertension DUE TO (C) Bronchopneumonia	
22. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		23. INTERVAL BETWEEN ONSET AND DEATH 4 days 15 years 15 years 1 day	
24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		25. DATE OF OPERATION 0	
26. MAJOR FINDINGS OF OPERATION		27. AUTO-PSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	29. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
31. TIME (Month) (Day) (Year) (Hour) OF INJURY	32. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	33. HOW DID INJURY OCCUR?	
34. I hereby certify that I attended the deceased from Oct 20 , 19 52 , to Oct 22 , 19 52 ; that I last saw the deceased alive on Oct 21 , 19 52 , and that death occurred at 11:52 Am., from the causes and on the date stated above.			
35. SIGNATURE Allen Y. Wolins		36. ADDRESS 902 Patapasco Av	
37. DATE 10-25-52		38. DATE SIGNED Oct 23, 1952	
39. NAME OF CEMETERY OR CREMATORY Forest Burial Co.		40. LOCATION (City, town, or county) (State) Farmington, N.C.	
41. DATE RECEIVED BY LOCAL REGISTRAR OCT 22 1952		42. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
43. FUNERAL DIRECTOR —		44. ADDRESS —	

210010 9653

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

REMARKS

260
2 9664

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9664

1. NAME OF DECEASED (Type or Print) Baby Elaine Baker		2. DATE OF DEATH Oct. 10, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3139 Belmont Ave	
7. SEX Female	8. COLOR OR RACE Colored	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH 10-10-52
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday) newborn	
13. KIND OF BUSINESS OR INDUSTRY		14. BIRTHPLACE (State or foreign country) Md	
15. FATHER'S NAME Henry Baker		16. MOTHER'S MAIDEN NAME Elaine Garrett	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.	
21. 761.0		22. CAUSE OF DEATH	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		24. INTERVAL BETWEEN ONSET AND DEATH	
25. ANTECEDENT CAUSES		26. DUE TO	
27. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		28. Breech delivery with dystocia to after coming head	
29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		30. II	
31. 19A. DATE OF OPERATION		32. 19B. MAJOR FINDINGS OF OPERATION	
33. 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		34. 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
35. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		36. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
37. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		38. 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
39. 21F. HOW DID INJURY OCCUR?		40. 22. I hereby certify that I attended the deceased from 10/10 , 19 52 , to 10/10 , 19 52 that I last saw the deceased alive on 10/10 , 19 52 , and that death occurred at m. , from the causes and on the date stated above.	
41. 23A. SIGNATURE Agg Duckworth		42. 23B. ADDRESS JOHNS HOPKINS HOSPITAL	
43. 23C. DATE SIGNED 10-10-52		44. 24A. BURIAL, CREMATION, REMOVAL (Specify)	
45. 24B. DATE		46. 24C. NAME OF CEMETERY OR CREMATORY Hosp Disposal	
47. 24D. LOCATION (City, town, or county) (State)		48. 25. FUNERAL DIRECTOR	
49. DATE RECEIVED BY LOCAL REGISTRAR 10-23-1952		50. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
51. VS 150		52. Hospital Disposal	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9685
Registered No. 52 9685

BIRTH NO. 52 9685
1. NAME OF DECEASED (Type or Print) **Kenneth Andrew King**
2. DATE OF DEATH **10-21-52**
3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Baltimore City Hospitals 4940 Eastern Ave**
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY **Baltimore**
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Bradshaw**
D. STREET ADDRESS (If rural, give location) **—**
5. SEX **Male**
6. COLOR OR RACE **White**
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single**
8. DATE OF BIRTH **July 13, 1952**
9. AGE (In years last birthday) **3 mo**
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **—**
10B. KIND OF BUSINESS OR INDUSTRY **—**
11. BIRTHPLACE (State or foreign country) **Maryland**
12. CITIZEN OF WHAT COUNTRY? **—**
13. FATHER'S NAME **Albert Lester King**
14. MOTHER'S MAIDEN NAME **Margaret Kreutzer**
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **—**
16. SOCIAL SECURITY NO. **Records: Baltimore City Hospitals 4940 Eastern Ave.**

18. **758.3**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Osteogenesis Imperfecta**
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) **—**
DUE TO
(C) **—**
INTERVAL BETWEEN ONSET AND DEATH **Life**
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **7-31-52**
19B. MAJOR FINDINGS OF OPERATION **—**
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **—**
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **—**
21D. TIME (Month) (Day) (Year) (Hour) **—**
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? **—**

22. I hereby certify that I attended the deceased from **7-31-52** to **10-21-52**, that I last saw the deceased alive on **10-21-52**, and that death occurred at **12:35 P.M.** the causes and on the date stated above.

23A. SIGNATURE **H. C. Phelps**
M. D. **4940 Eastern Ave. Balto. Md**
23C. DATE SIGNED **10.22.52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
24B. DATE **Oct. 23-1952**
24C. NAME OF CEMETERY OR CREMATORY **Zion Lutheran**
24D. LOCATION (City, town, or county) (State) **Stemmers Run Rd. Md.**
25. FUNERAL DIRECTOR ADDRESS **Huntington Williams, M.D. plus D. Connelly. Essex 21.**

524
52 9666INBIART
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9666

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Marger England		OCT 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION 2140 Mt. Royal Terrace		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 120 E. Montgomery St.			
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	10. DATE OF BIRTH March 7, 1890	11. AGE (In years last birthday) 62	12. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10B. KIND OF BUSINESS OR INDUSTRY Short Mfg. Co.		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME William McGee		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 212-07-6853		14. MOTHER'S MAIDEN NAME ? Morgan	
17. INFORMANT Mrs. Thelma Saltz		ADDRESS 2140 Mt. Royal Terrace			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 30 min.			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Atherosclerotic Heart Disease					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from OCT 20, 1952, to OCT 21, 1952, that I last saw the deceased alive on OCT 21, 1952, and that death occurred at 5:00 P.M., from the causes and on the date stated above.					
23A. SIGNATURE James V. Youngman		23B. ADDRESS 2140 Mt. Royal Terrace		23C. DATE SIGNED OCT 21, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/24/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) Baltimore, Maryland		25. FUNERAL DIRECTOR John F. Denny, Inc. 715 Light St.			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

George Thompson
Cecil Collier H. T. Jones

1970-11-21 10:15 AM

2110 W. 7th Street

1970-11-21

W. J. Jones

630
9667BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9667
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
SARAH MARRIOTT		Oct. 21, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF (If not in hospital or institution, give street address or location)		a. STATE	
1546 Argyle Ave.		Maryland	
c. Length of stay in Baltimore		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		Baltimore	
5. SEX		d. STREET ADDRESS (If rural, give location)	
Female		1546 Argyle Ave.	
6. COLOR OR RACE		8. DATE OF BIRTH	
Colored		July 29, 1882	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday)	
Widowed		70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
Maid		Maryland	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S NAME		U. S. A.	
Lenuel Young		14. MOTHER'S MAIDEN NAME	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Eliza	
16. SOCIAL SECURITY NO.		17. INFORMANT	
18. 331X		Mr. Richard Wainwright	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		ADDRESS 1927 W. Lafayette	
20. ANTECEDENT CAUSES		21. INTERVAL BETWEEN ONSET AND DEATH	
21. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		1 hour	
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		6 mos.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		23A. SIGNATURE	
23B. ADDRESS		23C. DATE SIGNED	
1420 E. Chase St.		10-22-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		10-24-52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Arbutus Mem. Park		Baltimore Co., Md.	
25. FUNERAL DIRECTOR		ADDRESS	
Mrs. Frances A. Hausley		578 W. Biddle St.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Wm. L. Loyberry		1420 E. Chase St.		10-22-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		10-24-52		Arbutus Mem. Park	
24D. LOCATION (City, town, or county) (State)		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
Baltimore Co., Md.		Arbutus Mem. Park		Baltimore Co., Md.	
25. FUNERAL DIRECTOR		ADDRESS		25. FUNERAL DIRECTOR	
Mrs. Frances A. Hausley		578 W. Biddle St.		Mrs. Frances A. Hausley	

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52 9658

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9658

BIRTH NO. 109 Res.		2. DATE OF DEATH October 22, 1952	
1. NAME OF DECEASED (Type or Print) Joseph Eller		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Harford.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Hale.	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL		D. STREET ADDRESS (If rural, give location) 6200	
c. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH 6-11-52	
5. SEX male	6. COLOR OR RACE white	9. AGE (In years last birthday) 4	11. BIRTHPLACE (State or foreign country) Md.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Eller		14. MOTHER'S MAIDEN NAME Mary Baugus	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
16. SOCIAL SECURITY NO.		18. 757.3 I	

18. 757.3 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Renal Anomaly.		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral Dyest. Pneumonia, Septicemia.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12, 1952, to 10-22, 1952, that I last saw the deceased alive on 10-22, 1952, and that death occurred at 6 P.m., from the causes and on the date stated above.

23A. SIGNATURE Herman Pickett Jr.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED
A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/24/52	24C. NAME OF CEMETERY OR CREMATORY Sharon View
24D. LOCATION (City, town, or county) Forest Hill	(State) Md	25. FUNERAL DIRECTOR Charles C. Kurtz
TE RECEIVED BY CAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	ADDRESS Jarrettsville Md

1952 OCT 23 1952

STATEMENT OF DEATH OF A PERSON
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Place of birth		6. Date of death		7. Place of death		8. Cause of death		9. Signature of declarant		10. Signature of registrar	
John Doe		Male		45		10/10/1920		New York		10/10/1965		New York		Heart Disease		John Doe		John Doe	
11. Name of informant		12. Relationship		13. Address		14. City		15. State		16. Zip		17. Date of statement		18. Signature of informant		19. Signature of registrar		20. Signature of registrar	
John Doe		Son		123 Main St		New York		New York		10001		10/10/1965		John Doe		John Doe		John Doe	

314

2 9669

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9669

1. NAME OF DECEASED (Type or Print) Caroline Stiebel		2. DATE OF DEATH October 21, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 14-01	
b. FULL NAME OF HOSPITAL OR INSTITUTION Mount Nursing Home 3206 Nortonia Rd.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) Malbarough Apartments, Eutaw Place	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 25, 1861
9. AGE (in years last birthday) 90		10. Under 1 Year Months: 9 Days: 27 Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ? Goetz		14. MOTHER'S MAIDEN NAME Johanna Strauss	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Henry Oppenheimer		ADDRESS 2708 Lawina Rd. Balti., Md.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Canary-Throat Antecedent Causes Simly - Cut sears		INTERVAL BETWEEN ONSET AND DEATH 1 week	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sep 7, 1952 , to Oct 21, 1952 , that I last saw the deceased alive on Oct 21, 1952 , and that death occurred at 9 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. Bernard Cohen		23b. ADDRESS Marchmont Apt.	
23c. DATE SIGNED 10/21/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 23, 1952	24c. NAME OF CEMETERY OR CREMATORY Har Sinai Cemetery	24d. LOCATION (City, town, or county) (State) Erdman Ave, Balti., Md.
DATE RECEIVED BY LOCAL REGISTRAR OCT 23 1952		25. GENERAL DIRECTOR'S SIGNATURE David R. Martin	
VS 150		Baltimore, Md.	

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RECEIVED FOR THE DIRECTOR
CENTRAL INTELLIGENCE AGENCY

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				52 9670 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Roxanne Baby Girl Abbott</i>				2. DATE OF DEATH <i>10-22-52</i>	
3. PLACE OF DEATH <i>Baltimore City, Maryland</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>S. Balto Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
6. Length of stay in Baltimore <i>Life</i>				D. STREET ADDRESS (If rural, give location) <i>1616 Patapsco St</i>	
SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>	8. DATE OF BIRTH <i>Oct 4, 1952</i>		9. AGE (in years last birthday) <i>18</i>
10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>			11. BIRTHPLACE (State or foreign country) <i>Balto</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>
13. FATHER'S NAME <i>Edward R Abbott</i>			14. MOTHER'S MAIDEN NAME <i>Leunette Mueller</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>763.5</i>		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Bilateral pneumonia</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Pneumonia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>days</i>	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-4-1952</i> to <i>10-22-1952</i> , that I last saw the deceased alive on <i>10-22-1952</i> , and that death occurred at <i>5:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. W. Conway</i>		23B. ADDRESS <i>South Baltimore Gene Hosp</i>		23C. DATE SIGNED <i>10/22/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>10-24-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) <i>Balto</i>		24E. LOCATION (State) <i>Md</i>			
25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>A. Howard Evans</i>		ADDRESS <i>1400 S Charles St</i>	

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52 9671BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9671

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Emma A. L. Groh

2. DATE
OF
DEATH

OCT. 20. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. Length of stay in Baltimore

Life.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

Md.

B. COUNTY

Baltimore.

C. CITY OR TOWN

Baltimore.

D. STREET ADDRESS (If rural, give location)

226 Hopkins Rd #12

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

Sep. 13, 1863

9. AGE (In years
last birthday)

89

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John Baker

14. MOTHER'S MAIDEN NAME

Fredericka ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 226 Hopkins Road ADDRESS -12
Mr. John B. Schneeman

18. 199.6

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Pathological fracture of Hip
DUE TO The metastasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Ca. (General) Unknown
DUE TO origin
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Rt. Hip

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Home.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

10-8-52

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell down

22. I hereby certify that I attended the deceased from 10-16-52, 1952, to 10-20-52, 1952, that I last saw the
deceased alive on 10-16-52, 1952, and that death occurred at 10-20-52, 1952, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

10/23/52

Mt. Carmel Cemetery

Baltimore, Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 23 1952

Huntington Williams, Jr.

HENRY SANDER & SONS, INC.

BALTO., 13, Md.

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2 9672BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9672
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY LOUISA JETT			2. DATE OF DEATH Oct. 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 3508 Clifton Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3508 Clifton Ave.		
7. SEX Female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	10. DATE OF BIRTH May 29, 1867	11. AGE (In years last birthday) 85	12. Under 1 Year Months: Days
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			14. BIRTHPLACE (State or foreign country) Delaware		
15. FATHER'S NAME William Bangs			16. MOTHER'S MAIDEN NAME Anna Killingsworth		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			18. SOCIAL SECURITY NO. none		
19. ADDRESS Mr. Jesse A. Jett - 3135 Woodhome Ave.			20. ADDRESS		

18. 446 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Uremia DUE TO (B) atherosclerotic ridging with DUE TO Generalized atherosclerosis (C)	INTERVAL BETWEEN ONSET AND DEATH 2 weeks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2.3.45, 19, to 10.20.52, that I last saw the deceased alive on 10.20.52 and that death occurred at 10.20.52 m., from the causes and on the date stated above.					
23A. SIGNATURE L. S. 8. Kimball		23B. ADDRESS 7207 Elmwood		23C. DATE SIGNED 10.22.52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/23/52		24C. NAME OF CEMETERY OR CREMATORY Meadowridge Cem.	
				24D. LOCATION (City, town, or county) (State) Elkridge, Md.	

DATE RECEIVED BY LOCAL REGISTRAR OCT 23 1952		REGISTRAR'S SIGNATURE H. J. Williams		25. FUNERAL DIRECTOR J. J. Vickner & Sons	
VS 150				ADDRESS Barto 17, Md.	

2560
52 9673BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9673

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Esther Ascher</i>		2. DATE OF DEATH <i>October 21, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		C. CITY OR TOWN (If outside corporate limits; write RURAL and give township) <i>Lutherville 5800</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		D. STREET ADDRESS (If rural, give location) <i>613 Soucher Ave.</i>		5. SEX <i>Female</i> 6. COLOR OR RACE <i>White</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	
C. Length of stay in Baltimore <i>33</i>		8. DATE OF BIRTH <i>6-7-17</i>		9. AGE (In years, last birthday) <i>35</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurse</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Hospital</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	
3. FATHER'S NAME <i>Benjamin Bandel</i>		14. MOTHER'S MAIDEN NAME <i>Mahrina Blum</i>		12. CITIZEN OF WHAT COUNTRY?	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>204.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Cerebral hemorrhage, question 7</i> DUE TO (B) <i>Myelocytic leukemia</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-3</i> , 1952, to <i>10-21</i> , 1952, that I last saw the deceased alive on <i>10-21</i> , 1952, and that death occurred at <i>4:15 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Norman E. Schauer</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10-21-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		24B. DATE <i>10/23/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount Crem.</i>	
		24D. LOCATION (City, town, or county) <i>Balto., Md.</i>		(State)	

RECEIVED BY LOCAL REGISTRAR <i>CT 23 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. J. Vickner & Sons</i>	
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52 9673 858-8860 7 Balto 17, Md.

RECEIVED
OFFICE OF THE
SECRETARY OF
DEFENSE
WASHINGTON, D.C.

BALTIMORE CITY HEALTH DEPARTMENT			CERTIFICATE OF DEATH			Registered <u>52</u> <u>9674</u>		
400 52 9674 BIRTH NO.								
1. NAME OF DECEASED (Type or Print) <u>LEONARD EARLING KUHL</u>			2. DATE OF DEATH <u>Oct. 20, 1952</u>					
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Baltimore</u>					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2707 Chelsea Terr.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>					
D. STREET ADDRESS (If rural, give location) <u>2707 Chelsea Terr.</u>								
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>								
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 2, 1892</u>	9. AGE (In years last birthday) <u>60</u>	10 Under 1 Year Months: <u>0</u> Days: <u>0</u>	11 Under 24 Hours Hours: <u>0</u> Min: <u>0</u>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner - Stall</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Seafood</u>			11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		
12. CITIZEN OF WHAT COUNTRY? <u>17</u>								
13. FATHER'S NAME <u>Frederick Kuhl</u>			14. MOTHER'S MAIDEN NAME <u>Donia Earling</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>17</u>			17. INFORMANT ADDRESS <u>Mrs. May V. Kuhl - 2707 Chelsea Terr.</u>		
18. <u>581.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Myocardial Infarction</u> (A) DUE TO <u>Cirrhosis of Liver</u> (B) DUE TO (C) DUE TO			CAUSE OF DEATH <u>Myocardial Infarction</u> <u>Cirrhosis of Liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>2 years</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Sept 10, 1950</u> to <u>Oct 20, 1952</u> that I last saw the deceased alive on <u>Oct 20, 1952</u> and that death occurred at <u>7:50 P</u> m., from the causes and on the date stated above.								
23A. SIGNATURE <u>John P. Unbeck, Jr.</u>			23B. ADDRESS <u>1227 Wash. Blvd</u>			23C. DATE SIGNED <u>10. 22 52</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24B. DATE <u>10/23/52</u>			24C. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>		
24D. LOCATION (City, town, or county) (State) <u>Woodlawn, Md.</u>								
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 23 1952</u>			REGISTRAR'S SIGNATURE <u>Huntington Williams</u>			25. FUNERAL DIRECTOR <u>Wm. J. Lickner & Sons</u>		
VS 150								

MEDICAL CERTIFICATION

1952 2906A 9 6 Balto 17, Md.

340
52 9675
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9675
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Bridget A. Gateley</i>		2. DATE OF DEATH <i>10/21/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>230 N. Payson St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-01</i>	
C. Length of stay in Baltimore <i>72</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>230 N. Payson St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>12/25/1861</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	9. AGE (In years last birthday) <i>90</i>
11. BIRTHPLACE (State or foreign country) <i>Ireland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>James McCreel</i>		14. MOTHER'S MAIDEN NAME <i>Margaret McManus</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>Mrs. Catherine Gateley Payson St.</i>		ADDRESS <i>230 N. Payson St.</i>	
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Edema</i> DUE TO <i>Myocarditis</i> DUE TO <i>—</i> DUE TO <i>—</i>		CAUSE OF DEATH <i>Pulmonary Edema</i> <i>Myocarditis</i> <i>—</i>	
19. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION <i>Aspirin Poisoning</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 7, 1951</i> , to <i>Oct 21, 1952</i> , that I last saw the deceased alive on <i>Oct 21, 1952</i> , and that death occurred at <i>11:30 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>James H. Latzenberger</i>		23B. ADDRESS <i>771 Medical Art Bldg.</i>	
23C. DATE SIGNED <i>10/22/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/25/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>4300 Old Frederick Rd. Baltimore, Md.</i>	
25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John J. Cowan & Son</i>	
25. FUNERAL DIRECTOR <i>Hollis</i>		25. FUNERAL DIRECTOR <i>Hollis</i>	

The above is a list of the
 names of the persons who
 have been appointed to the
 various positions in the
 organization.

Wm. H. Brown

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525
32 9676

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9676

1. NAME OF DECEASED (Type or Print) Armon C. Johnson		2. DATE OF DEATH Oct. 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1617 N. Gilmore St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1617 N. Gilmore St.	
7. SEX M	8. COLOR OR RACE C	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) I	10. DATE OF BIRTH 7/6/78
11. AGE (In years last birthday) 74		12. If Under 1 Year Months: Days If Under 24 Hours Hours Min.	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waiter		14. KIND OF BUSINESS OR INDUSTRY Retired	
15. BIRTHPLACE (State or foreign country) Md.		16. CITIZEN OF WHAT COUNTRY? USA	
17. FATHER'S NAME ?		18. MOTHER'S MAIDEN NAME ?	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		20. SOCIAL SECURITY NO. ?	
21. INFORMANT Lillie Johnson 1617 N. Gilmore St.		22. ADDRESS	

23. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Hemorrhage		24. INTERVAL BETWEEN ONSET AND DEATH 2 days
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Heart		26. 1 yr.
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

28. DATE OF OPERATION 10-15-52		29. MAJOR FINDINGS OF OPERATION		30. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
34. TIME (Month) (Day) (Year) (Hour) 10-21-52	35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	36. HOW DID INJURY OCCUR?		
37. I hereby certify that I attended the deceased from 10-15-52 , to 10-21-52 , that I last saw the deceased alive on 10-21-52 , and that death occurred at 10:00 p.m. , from the causes and on the date stated above.				
38. SIGNATURE George C. Page		39. ADDRESS 1816 N. Mount St.		40. DATE SIGNED 10-23-52
41. BURIAL, CREMATION, REMOVAL (Specify) Burial	42. DATE 10/25/52	43. NAME OF CEMETERY OR CREMATORY Mt Auburn	44. LOCATION (City, town, or county) (State) Balto. Md.	

45. DATE RECEIVED BY LOCAL REGISTRAR OCT 23 1952	46. REGISTRAR'S SIGNATURE H. H. Williams, M.D.	47. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.	48. ADDRESS
VS 150 784614 Geo. G. Kelson			

8078

33

INVESTIGATION OF DEATH

1. NAME

2. DATE

3. PLACE		4. TIME	
5. OCCASION		6. CAUSE	
7. EFFECT		8. REMARKS	
9. SIGNATURE		10. DATE	
11. NAME		12. ADDRESS	
13. CITY		14. STATE	
15. COUNTY		16. ZIP	
17. PHONE		18. FAX	
19. TELETYPE		20. RADIO	
21. TELEVISION		22. MAIL	
23. CABLE		24. AIR	
25. SEA		26. SPACE	
27. OTHER		28. COMMENTS	
29. NOTES		30. CONCLUSION	
31. SUMMARY		32. RECOMMENDATION	
33. ACTION		34. FOLLOW-UP	
35. RESULTS		36. EVALUATION	
37. IMPROVEMENT		38. MAINTENANCE	
39. SAFETY		40. SECURITY	
41. HEALTH		42. ENVIRONMENT	
43. SOCIETY		44. ECONOMY	
45. CULTURE		46. POLITICS	
47. RELIGION		48. SCIENCE	
49. ARTS		50. SPORTS	
51. RECREATION		52. EDUCATION	
53. EMPLOYMENT		54. UNEMPLOYMENT	
55. RETIREMENT		56. SOCIAL SECURITY	
57. MEDICAL		58. DENTAL	
59. OPTICAL		60. AURAL	
61. NASAL		62. THROAT	
63. LUNGS		64. HEART	
65. LIVER		66. STOMACH	
67. PANCREAS		68. SPLEEN	
69. KIDNEY		70. BLADDER	
71. UTERUS		72. VAGINA	
73. PENIS		74. TESTIS	
75. PROSTATE		76. SEMEN	
77. URINE		78. FECES	
79. SWEAT		80. SALIVA	
81. TEARS		82. HAIR	
83. SKIN		84. BLOOD	
85. BONES		86. MUSCLES	
87. NERVES		88. BRAIN	
89. SPINE		90. JOINTS	
91. EYES		92. EARS	
93. NOSE		94. MOUTH	
95. THROAT		96. LUNGS	
97. HEART		98. LIVER	
99. STOMACH		100. PANCREAS	
101. SPLEEN		102. KIDNEY	
103. BLADDER		104. UTERUS	
105. VAGINA		106. PENIS	
107. TESTIS		108. PROSTATE	
109. SEMEN		110. URINE	
111. FECES		112. SWEAT	
113. SALIVA		114. TEARS	
115. HAIR		116. SKIN	
117. BLOOD		118. BONES	
119. MUSCLES		120. NERVES	
121. BRAIN		122. SPINE	
123. JOINTS		124. EYES	
125. EARS		126. NOSE	
127. MOUTH		128. THROAT	
129. LUNGS		130. HEART	
131. LIVER		132. STOMACH	
133. PANCREAS		134. SPLEEN	
135. KIDNEY		136. BLADDER	
137. UTERUS		138. VAGINA	
139. PENIS		140. TESTIS	
141. PROSTATE		142. SEMEN	
143. URINE		144. FECES	
145. SWEAT		146. SALIVA	
147. TEARS		148. HAIR	
149. SKIN		150. BLOOD	
151. BONES		152. MUSCLES	
153. NERVES		154. BRAIN	
155. SPINE		156. JOINTS	
157. EYES		158. EARS	
159. NOSE		160. MOUTH	
161. THROAT		162. LUNGS	
163. HEART		164. LIVER	
165. STOMACH		166. PANCREAS	
167. SPLEEN		168. KIDNEY	
169. BLADDER		170. UTERUS	
171. VAGINA		172. PENIS	
173. TESTIS		174. PROSTATE	
175. SEMEN		176. URINE	
177. FECES		178. SWEAT	
179. SALIVA		180. TEARS	
181. HAIR		182. SKIN	
183. BLOOD		184. BONES	
185. MUSCLES		186. NERVES	
187. BRAIN		188. SPINE	
189. JOINTS		190. EYES	
191. EARS		192. NOSE	
193. MOUTH		194. THROAT	
195. LUNGS		196. HEART	
197. LIVER		198. STOMACH	
199. PANCREAS		200. SPLEEN	
201. KIDNEY		202. BLADDER	
203. UTERUS		204. VAGINA	
205. PENIS		206. TESTIS	
207. PROSTATE		208. SEMEN	
209. URINE		210. FECES	
211. SWEAT		212. SALIVA	
213. TEARS		214. HAIR	
215. SKIN		216. BLOOD	
217. BONES		218. MUSCLES	
219. NERVES		220. BRAIN	
221. SPINE		222. JOINTS	
223. EYES		224. EARS	
225. NOSE		226. MOUTH	
227. THROAT		228. LUNGS	
229. HEART		230. LIVER	
231. STOMACH		232. PANCREAS	
233. SPLEEN		234. KIDNEY	
235. BLADDER		236. UTERUS	
237. VAGINA		238. PENIS	
239. TESTIS		240. PROSTATE	
241. SEMEN		242. URINE	
243. FECES		244. SWEAT	
245. SALIVA		246. TEARS	
247. HAIR		248. SKIN	
249. BLOOD		250. BONES	
251. MUSCLES		252. NERVES	
253. BRAIN		254. SPINE	
255. JOINTS		256. EYES	
257. EARS		258. NOSE	
259. MOUTH		260. THROAT	
261. LUNGS		262. HEART	
263. LIVER		264. STOMACH	
265. PANCREAS		266. SPLEEN	
267. KIDNEY		268. BLADDER	
269. UTERUS		270. VAGINA	
271. PENIS		272. TESTIS	
273. PROSTATE		274. SEMEN	
275. URINE		276. FECES	
277. SWEAT		278. SALIVA	
279. TEARS		280. HAIR	
281. SKIN		282. BLOOD	
283. BONES		284. MUSCLES	
285. NERVES		286. BRAIN	
287. SPINE		288. JOINTS	
289. EYES		290. EARS	
291. NOSE		292. MOUTH	
293. THROAT		294. LUNGS	
295. HEART		296. LIVER	
297. STOMACH		298. PANCREAS	
299. SPLEEN		300. KIDNEY	
301. BLADDER		302. UTERUS	
303. VAGINA		304. PENIS	
305. TESTIS		306. PROSTATE	
307. SEMEN		308. URINE	
309. FECES		310. SWEAT	
311. SALIVA		312. TEARS	
313. HAIR		314. SKIN	
315. BLOOD		316. BONES	
317. MUSCLES		318. NERVES	
319. BRAIN		320. SPINE	
321. JOINTS		322. EYES	
323. EARS		324. NOSE	
325. MOUTH		326. THROAT	
327. LUNGS		328. HEART	
329. LIVER		330. STOMACH	
331. PANCREAS		332. SPLEEN	
333. KIDNEY		334. BLADDER	
335. UTERUS		336. VAGINA	
337. PENIS		338. TESTIS	
339. PROSTATE		340. SEMEN	
341. URINE		342. FECES	
343. SWEAT		344. SALIVA	
345. TEARS		346. HAIR	
347. SKIN		348. BLOOD	
349. BONES		350. MUSCLES	
351. NERVES		352. BRAIN	
353. SPINE		354. JOINTS	
355. EYES		356. EARS	
357. NOSE		358. MOUTH	
359. THROAT		360. LUNGS	
361. HEART		362. LIVER	
363. STOMACH		364. PANCREAS	
365. SPLEEN		366. KIDNEY	
367. BLADDER		368. UTERUS	
369. VAGINA		370. PENIS	
371. TESTIS		372. PROSTATE	
373. SEMEN		374. URINE	
375. FECES		376. SWEAT	
377. SALIVA		378. TEARS	
379. HAIR		380. SKIN	
381. BLOOD		382. BONES	
383. MUSCLES		384. NERVES	
385. BRAIN		386. SPINE	
387. JOINTS		388. EYES	
389. EARS		390. NOSE	
391. MOUTH		392. THROAT	
393. LUNGS		394. HEART	
395. LIVER		396. STOMACH	
397. PANCREAS		398. SPLEEN	
399. KIDNEY		400. BLADDER	
401. UTERUS		402. VAGINA	
403. PENIS		404. TESTIS	
405. PROSTATE		406. SEMEN	
407. URINE		408. FECES	
409. SWEAT		410. SALIVA	
411. TEARS		412. HAIR	
413. SKIN		414. BLOOD	
415. BONES		416. MUSCLES	
417. NERVES		418. BRAIN	
419. SPINE		420. JOINTS	
421. EYES		422. EARS	
423. NOSE		424. MOUTH	
425. THROAT		426. LUNGS	
427. HEART		428. LIVER	
429. STOMACH		430. PANCREAS	
431. SPLEEN		432. KIDNEY	
433. BLADDER		434. UTERUS	
435. VAGINA		436. PENIS	
437. TESTIS		438. PROSTATE	
439. SEMEN		440. URINE	
441. FECES		442. SWEAT	
443. SALIVA		444. TEARS	
445. HAIR		446. SKIN	
447. BLOOD		448. BONES	
449. MUSCLES		450. NERVES	
451. BRAIN		452. SPINE	
453. JOINTS		454. EYES	
455. EARS		456. NOSE	
457. MOUTH		458. THROAT	
459. LUNGS		460. HEART	
461. LIVER		462. STOMACH	
463. PANCREAS		464. SPLEEN	
465. KIDNEY		466. BLADDER	
467. UTERUS		468. VAGINA	
469. PENIS		470. TESTIS	
471. PROSTATE		472. SEMEN	
473. URINE		474. FECES	
475. SWEAT		476. SALIVA	
477. TEARS		478. HAIR	
479. SKIN		480. BLOOD	
481. BONES		482. MUSCLES	
483. NERVES		484. BRAIN	
485. SPINE		486. JOINTS	
487. EYES		488. EARS	
489. NOSE		490. MOUTH	
491. THROAT		492. LUNGS	
493. HEART		494. LIVER	
495. STOMACH		496. PANCREAS	
497. SPLEEN		498. KIDNEY	
499. BLADDER		500. UTERUS	
501. VAGINA		502. PENIS	
503. TESTIS		504. PROSTATE	
505. SEMEN		506. URINE	
507. FECES		508. SWEAT	
509. SALIVA		510. TEARS	
511. HAIR		512. SKIN	
513. BLOOD		514. BONES	
515. MUSCLES		516. NERVES	
517. BRAIN		518. SPINE	
519. JOINTS		520. EYES	
521. EARS		522. NOSE	
523. MOUTH		524. THROAT	
525. LUNGS		526. HEART	
527. LIVER		528. STOMACH	
529. PANCREAS		530. SPLEEN	
531. KIDNEY		532. BLADDER	
533. UTERUS		534. VAGINA	
535. PENIS		536. TESTIS	
537. PROSTATE		538. SEMEN	
539. URINE		540. FECES	
541. SWEAT		542. SALIVA	
543. TEARS		544. HAIR	
545. SKIN		546. BLOOD	
547. BONES		548. MUSCLES	
549. NERVES		550. BRAIN	
551. SPINE		552. JOINTS	
553. EYES		554. EARS	
555. NOSE		556. MOUTH	
557. THROAT		558. LUNGS	
559. HEART		560. LIVER	
561. STOMACH		562. PANCREAS	
563. SPLEEN		564. KIDNEY	
565. BLADDER		566. UTERUS	
567. VAGINA		568. PENIS	
569. TESTIS		570. PROSTATE	
571. SEMEN		572. URINE	
573. FECES		574. SWEAT	
575. SALIVA		576. TEARS	
577. HAIR		578. SKIN	
579. BLOOD		580. BONES	
581. MUSCLES		582. NERVES	
583. BRAIN		584. SPINE	
585. JOINTS		586. EYES	
587. EARS		588. NOSE	
589. MOUTH		590. THROAT	
591. LUNGS		592. HEART	
593. LIVER		594. STOMACH	
595. PANCREAS		596. SPLEEN	
597. KIDNEY		598. BLADDER	
599. UTERUS		600. VAGINA	
601. PENIS		602. TESTIS	
603. PROSTATE		604. SEMEN	
605. URINE		606. FECES	
607. SWEAT		608. SALIVA	
609. TEARS		610. HAIR	
611. SKIN		612. BLOOD	
613. BONES		614. MUSCLES	
615. NERVES		616. BRAIN	
617. SPINE		618. JOINTS	
619. EYES		620. EARS	
621. NOSE		622. MOUTH	
623. THROAT		624. LUNGS	
625. HEART		626. LIVER	
627. STOMACH		628. PANCREAS	
629. SPLEEN		630. KIDNEY	
631. BLADDER		632. UTERUS	
633. VAGINA		634. PENIS	
635. TESTIS		636. PROSTATE	
637. SEMEN		638. URINE	
639. FECES		640. SWEAT	
641. SALIVA		642. TEARS	
643. HAIR		644. SKIN	
645. BLOOD		646. BONES	
647. MUSCLES		648. NERVES	
649. BRAIN		650. SPINE	
651. JOINTS		652. EYES	
653. EARS		654. NOSE	
655. MOUTH		656. THROAT	
657. LUNGS		658. HEART	
659. LIVER		660. STOMACH	
661. PANCREAS		662. SPLEEN	
663. KIDNEY		664. BLADDER	
665. UTERUS		666. VAGINA	
667. PENIS		668. TESTIS	
669. PROSTATE		670. SEMEN	
671. URINE		672. FECES	
673. SWEAT		674. SALIVA	
675. TEARS		676. HAIR	
677. SKIN		678. BLOOD	
679. BONES		680. MUSCLES	
681. NERVES		682. BRAIN	
683. SPINE		684. JOINTS	
685. EYES		686. EARS	
687. NOSE		688. MOUTH	
689. THROAT		690. LUNGS	
691. HEART		692. LIVER	
693. STOMACH		694. PANCREAS	
695. SPLEEN		696. KIDNEY	
697. BLADDER		698. UTERUS	
699. VAGINA		700. PENIS	
701. TESTIS		702. PROSTATE	
703. SEMEN		704. URINE	
705. FECES		706. SWEAT	
707. SALIVA		708. TEARS	
709. HAIR		710. SKIN	
711. BLOOD		712. BONES	
713. MUSCLES		714. NERVES	
715. BRAIN		716. SPINE	
717. JOINTS		718. EYES	
719. EARS		720. NOSE	
721. MOUTH		722. THROAT	
723. LUNGS		724. HEART	
725. LIVER		726. STOMACH	
727. PANCREAS		728. SPLEEN	
729. KIDNEY		730. BLADDER	
731. UTERUS		732. VAGINA	
733. PENIS		734. TESTIS	
735. PROSTATE		736. SEMEN	
737. URINE		738. FECES	
739. SWEAT		740. SALIVA	
741. TEARS		742. HAIR	
743. SKIN		744. BLOOD	
745. BONES		746. MUSCLES	
747. NERVES		748. BRAIN	
749. SPINE		750. JOINTS	
751. EYES		752. EARS	
753. NOSE			

3 43
2 9677
MLB. 163223BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9677

1. NAME OF DECEASED Type or Print)		2. DATE OF DEATH 10-21-52	
Wilhelmina Gattwald			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore 30 yrs		D. STREET ADDRESS (If rural, give location) 1200 St. Paul St	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH March 14, 1883
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		12. AGE (in years last birthday) Months: Days 69 yrs	
13. FATHER'S NAME Franc Gattwald		14. BIRTHPLACE (State or foreign country) Austria	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? Austria	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME Marie Benisch	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		20. INFORMANT Records: Baltimore City Hospitals 4940 Eastern Ave	

19. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Multiple Cerebro vascular Accidents		INTERVAL BETWEEN ONSET AND DEATH 3 months	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis		Years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive (Cardiovascular Disease)			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) m. INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-17-1952, to 10-21-1952, that I last saw the deceased alive on 10-21-1952, and that death occurred at 2:20 P.M., from the causes and on the date stated above.			
23A. SIGNATURE H. C. John Doe		23B. ADDRESS 4940 Eastern Ave	
23C. DATE SIGNED 10-21-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 10-24-52	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
25. FUNERAL DIRECTOR B. DABROWSKI		25. FUNERAL DIRECTOR ADDRESS 284 E. BALTIMORE ST	

CERTIFICATE OF DEATH

1953

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525
52 9678BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9678

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CURT H. PINCKERNELL

2. DATE

OF

DEATH

OCT. 21-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5900 Fenwick Ave

Yrs.

Mos.

Days

Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Designer

10B. KIND OF BUSINESS OR
INDUSTRY

clothing

9. FATHER'S NAME

HERMAN PINCKERNELL

10. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-09-1425

8. DATE OF BIRTH

June 1- 1899

9. AGE (In years
last birthday)

53

11. Under 1 Year
Months: Days12. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S M maiden NAME

ANNA SCHMIDT

17. INFORMANT

ADDRESS

MRS. Babette Pinckernell-SAME

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(A) Coronary thrombosis
+
(B) Hypertensive C-V disease
(C)INTERVAL BETWEEN
ONSET AND DEATH

1 hr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1949 to Oct. 21, 1952 that I last saw the
deceased alive on Oct. 21, 1952 and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Grenzier

M. D.

23B. ADDRESS

1520 E. 33rd St.

23C. DATE SIGNED

10.22.52

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10/24/52

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD CEM

24D. LOCATION (City, town, or county)

BALTO

(State)

MD

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 HARFORD RD.

r. Wm. Grenz

350 2 9679 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 9679	
1. NAME OF DECEASED (Type or Print) ELIZABETH QUINN GUYTON			2. DATE OF DEATH Oct-22-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland D.O.A. upon arrival			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION at The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson		
C. Length of stay in Baltimore (none) Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) #1 Park Circle		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug-21-1912	9. AGE (In years last birthday) 40	10. Under 1 Year Months Days 10 22 52 10 A.M.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY (Housewife)		11. BIRTHPLACE (State or foreign country) Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME Times Quinn		
14. MOTHER'S MAIDEN NAME Maud Alford			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. None			17. INFORMANT ADDRESS Dr. J. S. Guyton (husband) Towson, Md.		
18. E 970.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Barbiturate Poisoning DUE TO (B) DUE TO (C)		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1 PARK CIRCLE - Towson	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 10 22 52 10 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Ingested overdose of. Seconal	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher			23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR... M.D.		23C. DATE SIGNED 10/23/52
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Oct-24-52.	24C. NAME OF CEMETERY OR CREMATORY Oxford	24D. LOCATION (City, town, or county) (State) Oxford, Mississippi	
25. FUNERAL DIRECTOR Stewart & Mowen Company 108-W-North-Av.			25. FUNERAL DIRECTOR ADDRESS		

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25

CERTIFICATE OF DEATH

0070



420
52 9680

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9680

1. NAME OF DECEASED (Type or Print) KATHERINE WALCH		2. DATE OF DEATH October 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 315 E. 25th. Street		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 315 E. 25th Street - HOME		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 315 E. 25th Street		E. LENGTH OF STAY IN BALTIMORE LIFE	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 10, 1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years last birthday) abt 80 yrs
11. BIRTHPLACE (State or foreign country) Baltimore Maryland		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Andrew Walch		14. MOTHER'S MAIDEN NAME Thresa Troeller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT: Cousin:		ADDRESS Miss Eda E. Osterling, 4011 Forest Park Av.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE William H. [Signature]	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Oct. 22, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct. 24, 1952	24C. NAME OF CEMETERY OR CREMATORY Western
24D. LOCATION (City, town, or county) Baltimore, Maryland		25. FUNERAL DIRECTOR Joseph Joerdens & Sons
DATE RECEIVED BY LOCAL REGISTRAR Oct 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.
ADDRESS 1927 Park Ave. City		

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9681BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9681

1. NAME OF DECEASED (Type or Print) <i>Camelia 'Kemp' Brenn</i>		2. DATE OF DEATH <i>Oct. 21, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 23, Md. 19-02</i>	
c. Length of stay in Baltimore <i>16 years</i>		D. STREET ADDRESS (If rural, give location) <i>1319 W. Fayette Street</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept. 17, 1872</i>
9. AGE (In years last birthday) <i>80</i>		10. UNDER 1 Year Months: Days: Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>	
11. BIRTHPLACE (State or foreign country) <i>Louisiana</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Camille Molaison, Evanita</i>		14. MOTHER'S MAIDEN NAME <i>Ex Odelia</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Walter Kemp, 1319 W. Fayette St.</i>		ADDRESS	
18. <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Peritonitis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of the sigmoid colon</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>Oct. 21, 1952</i>		19B. MAJOR FINDINGS OF OPERATION <i>Peritonitis & Carcinoma of colon</i>	
20. AUTOBIOGRAPHY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Oct. 21, 1952</i> , to <i>Oct. 21, 1952</i> , that I last saw the deceased alive on <i>Oct. 21, 1952</i> , and that death occurred at <i>10:10 pm.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>C. E. Stennett</i>		23B. ADDRESS <i>Univ. Hosp. Baltimore, Md.</i>	
23C. DATE SIGNED <i>10/21/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/24/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Linden Park Cemetery, Baltimore, Maryland</i>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 23 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Wm. Cook Inc., 1217 St. Paul St.</i>		ADDRESS	

361
2 9682BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9682

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter W. Strevig

2. DATE
OF
DEATH

October 22, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1924 Sherwood Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1924 Sherwood Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

June 30, 1893

9. AGE (in years
last birthday)

59

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Operator

10B. KIND OF BUSINESS OR
INDUSTRY
Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

Baltimore County, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Strevig

ST Revig

14. MOTHER'S MAIDEN NAME

Jennie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary V. Strevig, 1924 Sherwood Ave.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31, 1951, to 10/22, 1952, that I last saw the
deceased alive on 10/22, 1952, and that death occurred at 9:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

10/25/52

24C. NAME OF CEMETERY OR CREMATORY

Grave Run Cemetery

24D. LOCATION (City, town, or county)

Baltimore County, Maryland

(State)

TE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 23 1952

Huntington Williams, M.D. Wm. Cook, Inc. 1217 St. Paul Street

VS 150

667 8/10 9676

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9683

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9683

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MARY J. KERR		Oct. 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2919 St. Paul St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2919 St. Paul St.	
7. SEX Female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	10. DATE OF BIRTH Apr. 26, 1859
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		12. AGE (In years last birthday) 93	
13. KIND OF BUSINESS OR INDUSTRY at home		14. BIRTHPLACE (State or foreign country) Virginia	
15. FATHER'S NAME Thomas B. Jarvis		16. CITIZEN OF WHAT COUNTRY? 12-02	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		18. SOCIAL SECURITY NO.	
19. INFORMANT Williams Funeral Home-Onancock, Va.		ADDRESS	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Arterio-sclerotic Cardio-vascular disease</i> DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) (Minute) 0	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct 12</u> , 195 <u>2</u> to <u>Oct 23</u> , 195 <u>2</u> that I last saw the deceased alive on <u>Oct 21</u> , 195 <u>2</u> and that death occurred at <u>10 A</u> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>John A. Redman</i>		23B. ADDRESS 1101 St. Paul St.	
23C. DATE SIGNED 10/23/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 10/25/52	
24C. NAME OF CEMETERY OR CREMATORY Christ. Epis. Cem.		24D. LOCATION (City, town, or county) (State) Eastville, Va.	
25. FUNERAL RECEIVED BY CAL REGISTRAR 10/23/1952		26. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
27. FUNERAL DIRECTOR'S ADDRESS <i>Wm. J. Pickner & Sons</i>			
VS 150 195200096 Balto 17, Md.			

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

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WALTER
BROOKS
JUNIOR

120 52 9684		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 9684	
1. NAME OF DECEASED (Type or Print) <i>William P. Davis</i>			2. DATE OF DEATH <i>10/20/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>20-04</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>2658 Frederick Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City</i>		
6. Length of stay in Baltimore <i>52</i>			D. STREET ADDRESS (If rural, give location) <i>2658 Frederick Ave</i>		
7. SEX <i>Male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>June 9, 1873</i>	11. AGE (In years last birthday) <i>79</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Peter Davis</i>			14. MOTHER'S MAIDEN NAME <i>Mary Todd</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>no</i>		
17. INFORMANT <i>Frank B. Davis</i>			ADDRESS <i>same</i>		
18. <i>153X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>CA of Colon</i> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH <i>—</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>—</i> , 19 <i>—</i> , to <i>—</i> , 19 <i>—</i> , that I last saw the deceased alive on <i>—</i> , 19 <i>—</i> , and that death occurred at <i>6 PM</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>James P. Gullabur</i>		23B. ADDRESS <i>2145 W. Ball St.</i>		23C. DATE SIGNED <i>10/20/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 23/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>David Ridge</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams, Wm. B. Williams & Son</i>		24F. ADDRESS <i>1308 Eutaw Place</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 23 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. B. Williams & Son</i>	
VS 150		<i>019520096</i>			

1980

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RECEIVED BY THE U.S. DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

1980



13-654
52 9685BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9685
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARIE C. BROMLEY		2. DATE OF DEATH OCTOBER 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-02	
C. Length of stay in Baltimore YEARS Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2802 GRINDON AVENUE	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUGUST 10, 1883 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 69 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) NEW JERSEY		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JAMES MALLON		14. MOTHER'S MAIDEN NAME MARIE C. QUIGLEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO.	
17. INFORMANT HUSBAND		ADDRESS SAME AS ABOVE	

18. **331X and 260X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **CEREBRAL HEMORRHAGE****5 days**

DUE TO

ANTECEDENT CAUSES

(B) **ARTERIOSCLEROSIS**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from OCT 19, 1952 to OCT 21, 1952 that I last saw the deceased alive on OCT 20, 1952 and that death occurred at 6:25 PM. , from the causes and on the date stated above.					
23A. SIGNATURE Ray B. Beasley Jr.		23B. ADDRESS M. D. UNION MEMORIAL HOSPITAL		23C. DATE SIGNED OCT 21, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-25-52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.	
24D. LOCATION (City, town, or county) (State) North Ave. - Balto. Md.		24E. FUNERAL DIRECTOR John C. Miller Inc.		24F. ADDRESS - 2435 E. Oliver St.	

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

OCT 23 1952

Huntington, William H. Jr.

9679

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52 9686BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9686

1. NAME OF DECEASED (Type or Print) <i>George J. Myers</i>		2. DATE OF DEATH <i>October 21, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>4733 Park Heights Avenue</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>4733 Park Heights Avenue</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-16</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>4733 Park Heights Avenue</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 2, 1874</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Construction</i>	
11. BIRTHPLACE (State or foreign country) <i>Frederick, Maryland U. S. A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Thomas Myers</i>		14. MOTHER'S MAIDEN NAME <i>Reziah Ormcast</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes, oo or unknown</i>		16. SOCIAL SECURITY NO. <i>4903 Plumore</i>	
18. <i>422.2</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		(A) <i>Cerebral embolism</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) <i>Myocarditis</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb-23</i> , 1952, to <i>Oct-21</i> , 1952, that I last saw the deceased alive on <i>Oct-21</i> , 1952, and that death occurred at <i>8:00</i> P. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>F. L. de Barbieri</i>		23B. ADDRESS <i>4723 Park Heights Ave</i>	
23C. DATE SIGNED <i>Oct. 23, 1952</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>October 24, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Emmons Chapel</i>	24D. LOCATION (City, town, or county) (State) <i>Frederick, Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 23 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Loring Myers</i>	ADDRESS <i>3505 PK Heights</i>

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CERTIFICATE OF DEATH

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COMMISSIONER OF HEALTH

DEPARTMENT OF HEALTH

STATE OF NEW YORK

ALBANY

241
52 9687BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9687

1. NAME OF DECEASED (Type or Print) McAuliffe, John Aloysius, Sr.		2. DATE OF DEATH October 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 25-05	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN Baltimore #26 D. STREET ADDRESS (If rural, give location) 6300 Arundel Cove	
6. Length of stay in Baltimore Life		8. DATE OF BIRTH 9/24/1890	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY Md. Drydock	11. BIRTHPLACE (State or foreign country) Maryland Baltimore
13. FATHER'S NAME Dennis Mc Auliffe		14. MOTHER'S MAIDEN NAME Ellen Fitzgerald	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. -	17. INFORMANT Mrs. Pauline G. McAuliffe
18. 151X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Subphrenic abscess and inanition	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Post-operative total gastrectomy	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 6-27, 9-13, 9-23-52		19B. MAJOR FINDINGS OF OPERATION Adenocarcinoma of stomach	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Stomach	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 20, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from June 20, 1952 to October 23, 1952 that I last saw the deceased alive on Oct. 23, 1952 and that death occurred at 4:10 a.m. , from the causes and on the date stated above.		21F. HOW DID INJURY OCCUR? Stomach	
23A. SIGNATURE Andrew Beece		23B. ADDRESS 1100 N. Caroline Street	
23C. DATE SIGNED Oct. 23, 1952		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/27/52	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd. Baltimore, Md.	
25. FUNERAL DIRECTOR Huntington Williams, Jr.		26. DATE RECEIVED BY LOCAL REGISTRAR OCT 23 1952	

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EDITHA ROSE HARRIS
NATIVE OF TEXAS

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9688

1. NAME OF DECEASED (Type or Print) Lina Amelia Price			2. DATE OF DEATH Oct. 22, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Edgewood Nursing Home INSTITUTION			c. CITY OR TOWN (if outside corporate limits, write RURAL and give township) Baltimore		
e. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3126 Guilford Ave.,		
6. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 12, 1863		9. AGE (In years, last birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife			10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Md.
13. FATHER'S NAME Benjamin F. Mann			14. MOTHER'S MAIDEN NAME Lina ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
			17. INFORMANT ADDRESS Mr. Joseph R. Price 1527 Medford Rd.,		

18. 332X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Thrombosis of cerebral arteries		
ANTECEDENT CAUSES		(B) Arterio-sclerotic		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Senility		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		None		

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 1950 to 22 Oct 1952 , that I last saw the deceased alive on 22 Oct 1952 , and that death occurred at 2099 am., from the causes and on the date stated above.					
23a. SIGNATURE W. H. Williams		23b. ADDRESS 712 Park Ave Balto - 1		23c. DATE SIGNED Oct 23, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-25-1952		24c. NAME OF CEMETERY OR CREMATORY Greenmount	
				24d. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR Oct 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.,	

19520009688

Dr. A. Corbin Street
712 Park Ave
Pl 6201

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52 9689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9689
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Louis. A. SCHIAFFINO		2. DATE OF DEATH 20 OCT. 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4619 ASBURY AVE.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
C. Length of stay in Baltimore 48 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4619 ASBURY AVE			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH 2/26-1875	9. AGE (In years last birthday) 77	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MARBLE POLISHER		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ITALY	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME AMBROSE		14. MOTHER'S MAIDEN NAME ROSALIA COSTA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 212-07-3696		17. INFORMANT ADDRESS Andrew W. Schaffner 4334 Sheldon Ave	

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Topic Absorption DUE TO (A) Topic Absorption ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Carcinoma of Rectum DUE TO (C) Carcinoma of Rectum OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 1 day 2 years
---	--	--

19A. DATE OF OPERATION 8 May 1950		19B. MAJOR FINDINGS OF OPERATION Ca. of Rectum		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March , 1950, to 20 Oct. , 1952, that I last saw the deceased alive on 20 Oct. , 1952, and that death occurred at 3:12 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Michael J. Duesch		23B. ADDRESS 4636 Belair Road		23C. DATE SIGNED 10/20/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 1952		24C. NAME OF CEMETERY OR CREMATORY Wood Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Belair Road Md		25. FUNERAL DIRECTOR Handell Schaffner		ADDRESS 312 Highland Ave	

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9690

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 9690**

1. NAME OF DECEASED (Type or Print) Mary Elizabeth Morrow		2. DATE OF DEATH Oct. 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 4110 Kathland Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corner to rights, write "RURAL" and give township) Baltimore	
6. Length of stay in Baltimore 4 months Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4110 Kathland Ave.	
7. SEX F	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH Dec. 14, 1872
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		12. AGE (In years last birthday) 79 yrs	13. Under 1 Year Months Days 14. Under 24 Hours Hours Min.
15. FATHER'S NAME Tobias C. Stocksdale		16. BIRTHPLACE (State or foreign country) Carroll Co., Md.	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. FATHER'S NAME Tobias C. Stocksdale		20. MOTHER'S MAIDEN NAME Clara B. Horner	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		22. INFORMANT ADDRESS Mrs. Frances L. Fennell	
23. 18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Embolus DUE TO Hypertension DUE TO Cardiovascular renal disease		24. CAUSE OF DEATH 4110 Kathland Ave. INTERVAL BETWEEN ONSET AND DEATH 4 days	
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
27. 19A. DATE OF OPERATION 0		28. 19B. MAJOR FINDINGS OF OPERATION	
29. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		30. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
31. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		32. 21D. HOW DID INJURY OCCUR?	
33. 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		34. 21F. HOW DID INJURY OCCUR?	
35. 22. I hereby certify that I attended the deceased from Aug 4, 1952 , to Oct 22, 1952 , that I last saw the deceased alive on Oct 22, 1952 , and that death occurred at 4:55 p. m. , from the causes and on the date stated above.			
36. 23A. SIGNATURE H. H. H. H.		37. 23B. ADDRESS 4710 Liberty Hts. Bk	
38. 23C. DATE SIGNED 10/23/52		39. 24A. BURIAL, CREMATION, REMOVAL (Specify)	
40. 24B. DATE Oct. 25, 1952		41. 24C. NAME OF CEMETERY OR CREMATORY Finksburg Cemetery	
42. 24D. LOCATION (City, town, or county) (State) Finksburg, Maryland.		43. 25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M. F. E. Leaworth Armacoost	
44. 25. FUNERAL DIRECTOR ADDRESS VS 150		45. 25. FUNERAL DIRECTOR ADDRESS 1952 4600 Liberty Heights Ave.	

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For information only

552

52 9691

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 9691

1. NAME OF DECEASED

(Type or Print)

Virginus Gerard Dunnington

2. DATE OF DEATH

Oct. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY none

B. FULL NAME OF HOSPITAL OR INSTITUTION

(If not in hospital or institution, give street address or location)

2803 St. Paul St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

50 ~~11~~ Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

2803 St. Paul St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

2-7-80

9. AGE (In years last birthday)

72

10. KIND OF BUSINESS OR INDUSTRY

Executive

11. BIRTHPLACE (State or foreign country)

Lynchburg, Va.

12. CITIZEN OF WHAT COUNTRY?

U. S.

3. FATHER'S NAME

Virginus G. Dunnington, Sr.

14. MOTHER'S MAIDEN NAME

Alice Virginia Horner

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Mrs. Roberta K. Dunnington-2803 St. Paul St.

18. 241X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Bronchial Asthma + Emphysema

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1945

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute)

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

1940, to Oct 22, 1952, that I last saw the deceased alive on Oct 21, 1952, and that death occurred at 5A m., from the causes and on the date stated above.

23A. SIGNATURE

Francis W. Luce

23B. ADDRESS

100 W. University Parkway

23C. DATE SIGNED

10-23-52

A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR ADDRESS

John O. Mitchell & Sons, Inc.-1900 Eutaw Place

TE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Oct 23 1952

Huntington Williams, M.D.

M. B. Mitchell

VS 150

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9692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9692
Registered No.

1. NAME OF DECEASED (Type or Print) Lindsay Peirce		2. DATE OF DEATH OCT 19 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE VA B. COUNTY V-43	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shadwell,	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 9-27-32
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 20
11. BIRTHPLACE (State or foreign country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Stanley Peirce		14. MOTHER'S MAIDEN NAME Dorothy Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 7544 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CONGENITAL HEART DISEASE DUE TO (A) with Congestive Failure (B) months (C) months	CAUSE OF DEATH CONGENITAL HEART DISEASE with Congestive Failure	INTERVAL BETWEEN ONSET AND DEATH 20 years months
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION OCT 6, 1952	19B. MAJOR FINDINGS OF OPERATION Small left ventricle	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-2-** 1952 to **10-19-** 1952, that I last saw the deceased alive on **10-19-** 1952, and that death occurred at **5:15 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Thorne Harold Kay, M.D.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 10-19-52	24C. NAME OF CEMETERY OR CREMATORY Grace Episcopal
24D. LOCATION (City, town, or county) (State) Cremont, Virginia	25. FUNERAL DIRECTOR Wm. Cook Inc., 127 St. Paul St.	ADDRESS
DATE RECEIVED BY LOCAL REGISTRAR OCT 23 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	

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52 9693

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9693
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTON FAY VAN DEINSE

2. DATE
OF
DEATH

Oct. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Florida

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Orlando

D. STREET ADDRESS (If rural, give location)

525 Richmond Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6-25-84

9. AGE (In years

last birthday)

68

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanical Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Exec., retired

11. BIRTHPLACE (State or foreign country)

Indianapolis, Ind.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Anton John van Deinse

14. MOTHER'S MAIDEN NAME

Carrie Myrta Bean

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. E903.6

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subdural hematoma and cerebral lacerations

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fracture of skull

DUE TO

(C) Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

hotel

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Hotel Stafford

11-2

21D. TIME (Month) (Day) (Year) (Hour)

INJURY 10-2-52 9 a.

m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell to floor

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR ☐

October 23, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

10/25/52

24C. NAME OF CEMETERY OR CREMATORY

Crown Hill Cem. Indianapolis, Indiana

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1952

MS 151

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0 4698 X 0 2

1900 Eastman Place
Baltimore 17, MD.

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52 9694
BIRTH NO. 52-21667

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9694
Registered No.

1. NAME OF DECEASED (Type or Print) Jerry Lee Via		2. DATE OF DEATH 10-23-52	
3. PLACE OF DEATH: Baltimore City, Maryland Baltimore Md.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Barroll	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Maryland Daniels	
6. Length of stay in Baltimore 43 Days		D. STREET ADDRESS (If rural, give location) Daniels Md. 5600	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH 9-19-52
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		12. AGE (In years last birthday) 43 Days If Under 1 Year Months: Days: Hours: Min.	
13. FATHER'S NAME Curtis Via		14. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY?	
17. SOCIAL SECURITY NO. none		18. MOTHER'S MAIDEN NAME Margaret Marsh	
19. INFORMANT Curtis Via		20. ADDRESS Daniels Md	
18. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary edema. DUE TO Endocardial fibro sclerosis			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-15 , 19 52 , to 10-23 , 19 52 , that I last saw the deceased alive on 10-23 , 19 52 , and that death occurred at 7:50 m., from the causes and on the date stated above.			
23A. SIGNATURE George L. Stein		23B. ADDRESS St. Agnes Hospital	
23C. DATE SIGNED 10-23-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-25-52	
24C. NAME OF CEMETERY OR CREMATORY Pnt Republic		24D. LOCATION (City, town, or county) (State) Pnt Republic Va	
25. FUNERAL DIRECTOR Huntington Williams, M.D. & Co.		25. FUNERAL DIRECTOR ADDRESS Reginobolton, Elliott City Md	

1984

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UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

1984

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[Faint, mostly illegible text and markings, possibly a form or document, with two punch holes visible on the right side.]

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52 9695

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9695
Registered No.1. NAME OF DECEASED
(Type or Print)

Robert Paul Iula

2. DATE
OF
DEATH Oct. 22, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Ambassador Apartments
39th St. at Canterbury Roadlife Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland B. COUNTY none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-01

D. STREET ADDRESS (If rural, give location)

Ambassador Apartments

Length of stay in Baltimore

5. SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married8. DATE OF BIRTH
May 14, 18939. AGE (In years last birthday) 59
If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Musical Director and Composer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore, Maryland12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Frank S. Iula

14. MOTHER'S MAIDEN NAME
Teresa Padula15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Dessie Anderson Iula - Ambassador Apts.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

1 hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular Dis.

10-15 yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to Oct 22, 1952 that I last saw the
deceased alive on Oct 9, 1952, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert W. Garis

M. D.

23B. ADDRESS

1103 St. Paul St.

23C. DATE SIGNED

Oct. 23, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

10 - 24 - 52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county) (State)

Woodlawn, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

ADDRESS

OCT 24 1952
VS 150

1952 250782 9689

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STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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52 9696VINYARD
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9696

1. NAME OF DECEASED
(Type or Print)

George Vinyard

2. DATE
OF
DEATH

October 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Lutheran Hospital of
Maryland Inc.C. Length of stay in Baltimore
62Yes
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MARYLAND

B. COUNTY

BALTIMORE

C. CITY OR TOWN

BALTIMORE, MARYLAND

D. STREET ADDRESS (If rural, give location)

832 FRANKLINTOWN ROAD

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 25, 1889

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PAINTER, self employed

10B. KIND OF BUSINESS OR
INDUSTRY

Painting

13. FATHER'S NAME

CHARLES EDWARD VINYARD

11. BIRTHPLACE (State or foreign country)

BALTIMORE MARYLAND USA

14. MOTHER'S MAIDEN NAME

EMMA WAGNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

MRS LOUISE BARNES

ADDRESS

4420 Quakerbrook Rd.

18. 561.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Electrolyte imbalance

INTERVAL BETWEEN
ONSET AND DEATH

4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Intestinal obstruction and vomiting

DUE TO

(C)

Intra-abdominal hernia + right inguinal hernia

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 19, 1952 to Oct 23, 1952, that I last saw the
deceased alive on Oct 23, 1952, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William O. Burnett

23B. ADDRESS

700 00th Street

23C. DATE SIGNED

23 Oct 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10/26/52

24C. NAME OF CEMETERY OR CREMATORY

MT. OLIVET

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J.T. STANSBURY 2700 EDMONDSON AVE

OCT 24 1952

VS 150

56424

540

52 9697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9697

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY F. O'NEILL

2. DATE
OF
DEATH

10-22-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO. MD.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

MD.

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1117 GORSUCH AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO.

9-05

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1117 GORSUCH AVE

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

FEB. 28, 1885 67

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

WASHINGTON D.C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

CHARLES FRAZER

14. MOTHER'S MAIDEN NAME

FRANCES CURTIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

216-05-2443A WILLIAM O'NEIL 1117 GORSUCH AVE.

17. INFORMANT

ADDRESS

18. 172X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Renal insufficiency

? 2-3 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized carcinomatosis

? 6 months

(C) DUE TO

Carcinoma body of uterus

? 1-2 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Oct 21, 1952, to Oct 22, 1952, that I last saw the
deceased alive on Oct 21, 1952, and that death occurred at 4 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

10-25-1952

NEW CATHEDRAL

BALTO.

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 24 1952

Huntington Williams, M.D.

Walter Conklin

2343 HARTFORD RD.

3003

STATEMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

MARY J. COWLEY

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CAUSE OF DEATH

HEART DISEASE

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52 9698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9698
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Gillis Robinson		2. DATE OF DEATH Oct 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Texas B. COUNTY V-40	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION US PHS Hospital Baltimore 11, Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Houston	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 9245 Westview Drive	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-11-20
9. AGE (In years last birthday) 32		10. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY Seafaring	
11. BIRTHPLACE (State or foreign country) Alabama		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Burnis Robinson		14. MOTHER'S MAIDEN NAME Ella White	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown UnYesn World War II		16. SOCIAL SECURITY NO. 423-14-3973	
17. INFORMANT Records, USPHS Hospital, Balto., Md.		ADDRESS 11	
18. 190X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Melanosarcoma DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 10 months	
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) INJURY		21F. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
22. I hereby certify that I attended the deceased from 5-28-52, 19, to 10-23-52, 19, that I last saw the deceased alive on 10-23-52, 19, and that death occurred at 12:12 A.M. from the causes and on the date stated above.			
23A. SIGNATURE J.A. Hunter, Jr., Sr. Surgeon, Clin. M.D.		23B. ADDRESS US PHS Hospital, Balto., Md.	
23C. DATE SIGNED 10-23-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-27-52	
24C. NAME OF CEMETERY OR CREMATORY BelForest		24D. LOCATION (City, town, or county) (State) Daphne, Ala.	
25. FUNERAL DIRECTOR Howard H. Hubbard, 2503 Edmondson Ave.		ADDRESS	

196525509692

52 9699

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9699

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Melnick, Mr Peter

2. DATE
OF
DEATH

10-21-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Church Home and Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE

Where deceased lived. If institution: residence before admission

A. STATE

B. COUNTY

c. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

d. STREET ADDRESS (If rural, give location)

309 S. Ann St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Febr. 1. 1895

9. AGE (in years
at birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

2, Mrs Eva

17. INFORMANT

ADDRESS

patient

18. 023X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardiovascular Syphilis

DUE TO

20 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20-1952 to 10-21-1952 that I last saw the
deceased alive on 10-21-1952 and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

M. D.

Church Home and Hospital

10-21-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

10-25-52

24c. NAME OF CEMETERY OR CREMATORY

Holy Trinity

24d. LOCATION (City, town, or county) (State)

Elkridge, Balto., Co. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CT 24 1952

Huntington Williams, M.D.

John A. Grebliauskas, Jr.
1908 E. Pratt St.

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52 9700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9700

1. NAME OF DECEASED (Type or Print) BEULAH F. L. SMYTH		2. DATE OF DEATH October 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days 507 N. Longwood Street		D. STREET ADDRESS (If rural, give location)	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 1, 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretarial work		10B. KIND OF BUSINESS OR INDUSTRY Baltimore City	9. AGE (In years last birthday) 65
13. FATHER'S NAME Francis L. Smyth		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mamie L. Elderkin	
17. INFORMANT Lydia P. Berry, 2744 Edmondson Avenue		ADDRESS	

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William H. Berry</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Oct. 23, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 10/25/52		24C. NAME OF CEMETERY OR CREMATORY London Park	
24D. LOCATION (City, town, or county) Balto Md		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR 1/24/1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR W. H. C. & B. M. Wallace	
VS 151		9552 93		<i>Pratt & Stricker</i>	

MEDICAL CERTIFICATION

0070

25

0070

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245
52 9701BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9701

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MRS. ELIZABETH MAY KICHLINE		2. DATE OF DEATH 10-23-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION UNION MEMORIAL HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 5300	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 723 E. STREET, SPARROWS PT., MD	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3-13-80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 72 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME PETER WALTERS (D)		14. MOTHER'S MAIDEN NAME Sarah LAKE (D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Dorothy Bock - 723 E St., Sparrows		ADDRESS Pt.	

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Cerebro-Vascular Accident****10 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) **Arterio-sclerotic Hypertensive Cardio-Vascular Disease****Unknown**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-13**, 19**52**, to **10-23**, 19**52**, that I last saw the deceased alive on **10-23**, 19**52**, and that death occurred at **11:15** p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Warren W. Wunylbacher

M. D.

Union Memorial Hospital**10-23-52**24A. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

10/24/52**Union Cemetery****Reigelsville, Pa.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

10-24-1952**Huntington Williams, M.D.****Wm. J. Pickner & Sons****Barto 17, Md.**

MEMORANDUM

TO : DIRECTOR

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

CLASSIFICATION: [Illegible]

EXTENSION: [Illegible]

REFERENCE: [Illegible]

NOTES: [Illegible]

ADMINISTRATIVE: [Illegible]

DISPOSITION: [Illegible]

REMARKS: [Illegible]

SIGNATURE: [Illegible]

TITLE: [Illegible]

DATE: [Illegible]

TIME: [Illegible]

LOCATION: [Illegible]

STATUS: [Illegible]

REMARKS: [Illegible]

SIGNATURE: [Illegible]

TITLE: [Illegible]

DATE: [Illegible]

TIME: [Illegible]

LOCATION: [Illegible]

STATUS: [Illegible]

REMARKS: [Illegible]

SIGNATURE: [Illegible]

TITLE: [Illegible]

DATE: [Illegible]

See query reply in Document file.

63
52 9704BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9704
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM JOSEPH SEIFERT

2. DATE
OF
DEATH

October 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1503 Ensor Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Apr. 26, 1904

9. AGE (In years
last birthday)

48

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR
INDUSTRY

cemetery

13. FATHER'S NAME

William J. Seifert, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
214-18-7862

17. INFORMANT

ADDRESS

Mrs. Emma Coppage - 1503 Ensor St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

~~MI~~ Myocardial infarct

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Rupture of heart

~~MI~~

(C) Hemopericardium

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Seifert

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Oct. 23, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/25/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

Thm. J. Tischer & Sons

VS 151

9 592094

Balto. 17, Md

1000

255-
2 9705

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9705
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) A. R. ELIZABETH		2. DATE OF DEATH October 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2735 N. Calvert Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 11, 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Stationers	9. AGE (In years last birthday) 67
13. FATHER'S NAME Henry C. Deckman		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. 212-10-6943		14. MOTHER'S MAIDEN NAME Meta Wittman	
17. INFORMANT Mrs. Rose D. Nichols - 1449 Kitmore Rd.		ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease XXXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral hemorrhage		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William V. Smith</i>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Oct. 22, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/25/52	24C. NAME OF CEMETERY OR CREMATORY St. Paul Cem.	24D. LOCATION (City, town, or county) (State) Viobetsville, Md.
DATE RECEIVED BY LOCAL REGISTRAR OCT 24 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Wm. J. Tichenor & Sons</i>	
VS 151 10952390609609 Balto 17, Md.			

MEDICAL CERTIFICATION

Wm. J. Sticks & Son
Baltimore, Md.

362

52 9206
BIRTH NO. M.D. 163913BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9706
Registered No.

1. NAME OF DECEASED (Type or Print) Carrie Sturges			2. DATE OF DEATH 10-20-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-02		
5. LENGTH OF STAY IN BALTIMORE 39 yrs			D. STREET ADDRESS (If rural, give location) 1511 W. Lanvale St. Zone 17		
6. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Feb. 14, 1892		9. AGE (In years last birthday) 60 yrs
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Moody			14. MOTHER'S MAIDEN NAME Mariah ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY RECORDS: Baltimore City Hospitals 4940 Eastern Ave		
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic Carcinoma O f Breast CAUSE OF DEATH (A) DUE TO Long Duration INTERVAL BETWEEN ONSET AND DEATH Long Duration ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 10-20-52			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-8-52 to 10-20-52 , 19 52 that I last saw the deceased alive on 10-20-52 , 19 52 and that death occurred at 7:15 P.M. from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams			23B. ADDRESS 4940 Eastern Ave. Balto. Md.		23C. DATE SIGNED 10.22.52
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Oct 25-1952		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	
24D. LOCATION (City, town, or county) (State) Baltimore Md		24E. FUNERAL DIRECTOR Brooks Ruggold 1463 N. Carey St			
DATE RECEIVED BY LOCAL REGISTRAR OCT 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

19520009700

CERTIFICATE OF DEATH
SALT LAKE CITY, UTAH

NAME OF DECEASED
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH

AGE
SEX
MARRIAGE
OCCUPATION
EDUCATION

RELIGION
BIRTHPLACE
DATE OF BIRTH
PLACE OF BIRTH

DATE OF INTERMENT
PLACE OF INTERMENT
NAME OF FUNERAL HOME
NAME OF MINISTER

SIGNATURE OF DECEASED
SIGNATURE OF WITNESSES
SIGNATURE OF MINISTER
SIGNATURE OF FUNERAL HOME

BALTIMORE CITY HEALTH DEPARTMENT				52 9707	
CERTIFICATE OF DEATH				Registered No.	
1. NAME OF DECEASED (Type or Print) FRANCES EMILY SCARBOROUGH				2. DATE OF DEATH 24 Oct '52	
3. PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Preston apts.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 11-01	
6. Length of stay in Baltimore 50 yrs				D. STREET ADDRESS (If rural, give location) Preston Apartments Guilford Ave	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	10. DATE OF BIRTH April 22, 1865	11. AGE (In years last birthday) 87	12. Under 1 Year Months: Days: Hours: Min.
13. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife			14. BIRTHPLACE (State or foreign country) Maryland		
15. FATHER'S NAME Wm. Fantom			16. CITIZEN OF WHAT COUNTRY? US		
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No			18. SOCIAL SECURITY NO.		
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral vascular accident			20. INTERVAL BETWEEN ONSET AND DEATH 12 days		
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arterio sclerosis & hypertension			22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
23. DATE OF OPERATION None			24. MAJOR FINDINGS OF OPERATION None		
25. ACCIDENT, SUICIDE, HOMICIDE (Specify) None			26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		
27. TIME (Month) (Day) (Year) (Hour) OF INJURY None			28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
29. HOW DID INJURY OCCUR? None			30. DATE SIGNED 24 Oct '52		
31. SIGNATURE Est S. Cross			32. ADDRESS 1035 N. Calvert St		
33. DATE Oct 26 1952			34. NAME OF CEMETERY OR CREMATORY Harford Cr. Md.		
35. RECEIVED BY CT 24 1952			36. REGISTRAR'S SIGNATURE H. S. Bailey		
37. VS 150			38. ADDRESS Harford Cr. Md.		

002

52 9708

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9708

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella Tyler

2. DATE

OF DEATH Oct. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

310 Lyndhurst St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

20-07

D. STREET ADDRESS (If rural, give location)

310 Lyndhurst St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 11, 1855

9. AGE (In years

last birthday)

97

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Inez Thomas, 310 Lyndhurst St.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 19 51, 19, to 10/22, 1952, that I last saw the deceased alive on 10/22, 1952, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

4A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Rock Creek

24D. LOCATION (City, town, or county)

Chance Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 24 1952

Huntington Witherspoon

Harold H. Witzke

101 Edmondson ave

VS 150

9520009702

at home

521 Nottingham

Pa

6:30-7 P.M.

W. Shy

56
52 9709
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9709

1. NAME OF DECEASED (Type or Print) Plummer, Warren Cranford			2. DATE OF DEATH October 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Calvert		
5. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Owings, Calvert County 5400		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Owings, Calvert County, Maryland		
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH X		11. AGE (In years last birthday) 30
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garageman			13. KIND OF BUSINESS OR INDUSTRY Auto Repair		14. BIRTHPLACE (State or foreign country) Calvert County, Maryland
15. FATHER'S NAME CLARENCE CRANFORD			16. MOTHER'S MAIDEN NAME UNKNOWN		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) es, no or unknown)			18. SOCIAL SECURITY NO.		
19. ADDRESS			20. INFORMANT FATHER		

1. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of duodenum with metas- XXXX XX tasis to liver and right lung DUE TO (C)		2. INTERVAL BETWEEN ONSET AND DEATH 32 da.
3. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION September 30, 1952		19B. MAJOR FINDINGS OF OPERATION Carcinoma of the liver		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <input type="checkbox"/>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from September 29, 1952 to October 23, 1952 , that I last saw the deceased alive on Oct. 23, 1952 , and that death occurred at 2:50 pm. , from the causes and on the date stated above.					
23A. SIGNATURE J. O. Neill		23B. ADDRESS M. D. 1100 N. Caroline Street		23C. DATE SIGNED Oct. 23, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct 26/52		24C. NAME OF CEMETERY OR CREMATORY LOWER MARLBORO	
24D. LOCATION (City, town, or county) (State) LOWER MARLBORO. Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D. W. H. Hutchins		ADDRESS OWINGS, CALVERT Co. Md.	

920 83

240

52 9710

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9710

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Katie Virginia Maisel			October 23, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			a. STATE Maryland		
3609 Keswick Road			b. COUNTY Baltimore		
c. Length of stay in Baltimore 60 years			d. STREET ADDRESS (If rural, give location) 3609 Keswick Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 28, 1868		9. AGE (in years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Dennis Shoemaker			14. MOTHER'S MAIDEN NAME Harriet		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT Frederick M. Maisel		
			ADDRESS 3609 Keswick Road		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Hypertensive C.O.P. & generally DUE TO Arteriosclerosis (C) INTERVAL BETWEEN ONSET AND DEATH 2da. ? 					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-1, 1952 to 10-23, 1952, that I last saw the deceased alive on 10-23, 1952, and that death occurred at 6:10 A.M., from the causes and on the date stated above.					
23a. SIGNATURE Lawrence J. Hume		23b. ADDRESS 3711 Falls Rd.		23c. DATE SIGNED 10-24-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 25, 1952		24c. NAME OF CEMETERY OR CREMATORY St. Mary's (Hamden)	
24d. LOCATION (City, town, or county) Baltimore, Maryland		24e. FUNERAL DIRECTOR Burgee, Funeral Home		24f. ADDRESS 3631 Falls Road	
DATE RECEIVED BY LOCAL REGISTRAR OCT 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150 195200 Horace H. Burgee	

52 9711

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 9711

Registered No.

1. NAME OF DECEASED

(Type or Print)

James Noctor

2. DATE OF DEATH

Oct. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1212 Homewood Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-01

D. STREET ADDRESS (If rural, give location)

1212 Homewood Ave

E. Length of stay in Baltimore

Yrs. Mos. Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Dec. 27 1868

9. AGE (In years last birthday)

83

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

U. S.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Watchman

13. FATHER'S NAME

James Noctor

14. MOTHER'S MAIDEN NAME

Bridget McDonald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

James Noctor 1212 Homewood Ave

18. CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

4 yrs.

19. DATE OF OPERATION

19. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 1948 to Oct. 1952, that I last saw the deceased alive on Oct. 21, 1952, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR

ADDRESS

26. DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

VS 150

95-20009709

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. PLACE OF BIRTH		5. DATE OF BIRTH		6. DATE OF DEATH	
7. PLACE OF DEATH		8. CAUSE OF DEATH		9. MANNER OF DEATH	
10. SIGNATURE OF PHYSICIAN		11. SIGNATURE OF CORONER		12. SIGNATURE OF WITNESSES	
13. SIGNATURE OF DECEASED		14. SIGNATURE OF NEXT OF KIN		15. SIGNATURE OF BURIAL OFFICIAL	
16. SIGNATURE OF FUNERAL HOME		17. SIGNATURE OF CEMETERY		18. SIGNATURE OF CHURCH	
19. SIGNATURE OF MINISTRY		20. SIGNATURE OF OTHER		21. SIGNATURE OF OTHER	
22. SIGNATURE OF OTHER		23. SIGNATURE OF OTHER		24. SIGNATURE OF OTHER	
25. SIGNATURE OF OTHER		26. SIGNATURE OF OTHER		27. SIGNATURE OF OTHER	
28. SIGNATURE OF OTHER		29. SIGNATURE OF OTHER		30. SIGNATURE OF OTHER	
31. SIGNATURE OF OTHER		32. SIGNATURE OF OTHER		33. SIGNATURE OF OTHER	
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37. SIGNATURE OF OTHER		38. SIGNATURE OF OTHER		39. SIGNATURE OF OTHER	
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49. SIGNATURE OF OTHER		50. SIGNATURE OF OTHER		51. SIGNATURE OF OTHER	
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88. SIGNATURE OF OTHER		89. SIGNATURE OF OTHER		90. SIGNATURE OF OTHER	
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94. SIGNATURE OF OTHER		95. SIGNATURE OF OTHER		96. SIGNATURE OF OTHER	
97. SIGNATURE OF OTHER		98. SIGNATURE OF OTHER		99. SIGNATURE OF OTHER	
100. SIGNATURE OF OTHER		101. SIGNATURE OF OTHER		102. SIGNATURE OF OTHER	

532
TO BE APPROVED BY MEDICAL EXAMINER
52 9712
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 52 9712

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Schnitzlein, Eva

2. DATE OF DEATH October 23, 1952

3. PLACE OF DEATH:
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland
b. COUNTY Baltimore

5. SEX F. 6. COLOR OR RACE W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 30, 1893 9. AGE (In years last birthday) 59

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife. 11. BIRTHPLACE (State or foreign country) Baltimore

12. CITIZEN OF WHAT COUNTRY? Own home

13. FATHER'S NAME John Jung

14. MOTHER'S MAIDEN NAME Christina Hickman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No, no (unknown) 16. SOCIAL SECURITY NO. Albert G. Schnitzlein 1611 N. Patterson Park Ave.

18. E903.0 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Massive pulmonary embolism DUE TO

ANTECEDENT CAUSES (B) Fracture, right femur DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in front of home 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1611 E. Patterson Pk. Ave.

21D. TIME (Month) (Day) (Year) (Hour) September 30, 1952 10 a.m. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21F. HOW DID INJURY OCCUR? Patient was running and fell to ground

22. I hereby certify that I attended the deceased from September 30, 1952, to October 23, 1952, that I last saw the deceased alive on Oct. 23, 1952, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE B. J. Valerz 23B. ADDRESS 1100 N. Caroline St. 23C. DATE SIGNED Oct. 23, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 10-27-52 24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial 24D. LOCATION (City, town, or county) Taylor Ave. - Balto. Md.

25. FUNERAL DIRECTOR John C. Miller Inc. - 2435 E. Olive St.

VS 150 N/ 821.0 1-520009706

SECRET

DECLASSIFICATION AUTHORITY: 25X

SECRET

SECRET

452
52 9713BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9713
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. PLACE OF DEATH:

Baltimore City, Maryland

3. FULL NAME OF (If not in hospital or institution, give street address or location)
OSPITAL OR INSTITUTION

4. Length of stay in Baltimore

5. SEX

6A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

7. FATHER'S NAME

8. WAS DECEASED EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 1952, to Oct 21 1952, that I last saw the deceased alive on Oct 20 1952, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

RECEIVED BY CAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

VS 150

7520009707

1915

15

DEPARTMENT OF HEALTH

1915

CERTIFICATE OF DEATH

REGISTRATION

1915

1915

1915

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9714**

300
2 9714
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES WADDOY		2. DATE OF DEATH 10/19/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD	
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQUARE HOSP. D.O.A.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16-02	
D. STREET ADDRESS (If rural, give location) 1318 RIGGS AVE.		E. LENGTH OF STAY IN BALTIMORE 17 Yrs. Mos. Days	
5. SEX MALE	6. COLOR OR RACE COL	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-15-1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMAN		10B. KIND OF BUSINESS OR INDUSTRY U.S. MARINES	9. AGE (In years last birthday) 54
13. FATHER'S NAME UNKNOWN		11. BIRTHPLACE (State or foreign country) VIRGINIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) W.W. 2 8/28/17-6/12/19		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 218-07-9925		14. MOTHER'S MAIDEN NAME SARAH. ?	
17. INFORMANT Mrs Josephine Forest		ADDRESS 1301	

18. **E982X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
(A) **STAB WOUND OF HEART**
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) _____
(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1318 Riggs Ave	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 10 19 52 6A		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? STABBED BY WIFE	

I certify that I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE JR Fisher M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 10/19/52	
4A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24C. NAME OF CEMETERY OR CREMATORY Balto. National		24D. LOCATION (City, town, or county) (State) Balto. City	

ATE RECEIVED BY LOCAL REGISTRAR **CT 24 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Wm. A. Jockey** ADDRESS **916 Penna ave.**
S 151 **N 861.2** **67355**

42 2881 21 0

2A

525
52 9715BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9715
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Zinsmeister

2. DATE
OF
DEATH Oct. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Agnes Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Male

White

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Handyman

13. FATHER'S NAME

Henry Zinsmeister

Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

5-25-1892

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Elizabeth Kahler

Deceased.

17. INFORMANT

ADDRESS

18. E 917.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

see above (B) (C)

William J. Smith

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

5535 Willys Ave. # 27

TIME (Month) (Day) (Year) (Hour)
INJURY

10 am. X 22 1952 10 am.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒21F. HOW DID INJURY OCCUR?
Burn himself painting at home.22. I hereby certify that I attended the deceased from 10 - 22 - 1952, to 10 - 23 - 1952, that I last saw the
deceased alive on 10 - 23 - 1952, and that death occurred at 8 p m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 24 1952

Huntington Williams, M.D.

Fred A. Cole, 1912 W. Balto. St.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DATE OF BIRTH

1900

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W-623
52 9716BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9716
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wright, Annie

2. DATE
OF

DEATH October 22, 1952

3. PLACE OF DEATH:
Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
location)
OSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore #5

10-02

D. STREET ADDRESS (If rural, give location)

1127 Ashland Avenue

6. Length of stay in Baltimore

19 years

Yrs.
Mos.
Days7. SEX
Female6. COLOR OR RACE
Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Feb 3, 1917

9. AGE (In years
last birthday)

35

10. Under 1 Year
Months: Day11. Under 24 Hours
Hour: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Kermit Graham 1104 N. Caroline St

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Miliary Tuberculosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Pulmonary Tuberculosis

(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 27, 1952, to October 22, 1952, that I last saw the
deceased alive on Oct. 22, 1952, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

ADDRESS

24 1952

Huntington Williams, M.D.

Mrs. Robert A. Elliott & Daughter
1129 N. Caroline St.

VS 150

19520109710

8176 24

8176 24



D.O.A 52 9717 W-523
112.0.P.D
Medical Examiner's Case
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
52 9717
Registered No.

BIRTH NO. Released to Hospital 52-13868

1. NAME OF DECEASED
 (Type or Print) **Minnie Prince Winstead**

2. DATE OF DEATH **October 23/1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland **H 24 OP Det**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **md.**
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore** **12-05**

5. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITAL

6. LENGTH OF STAY IN BALTIMORE
Yrs.
Mos.
Days

7. SEX **Female** **6. COLOR OR RACE** **Caucasian** **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)** **Single**

8. DATE OF BIRTH **Oct 8, 1952** **9. AGE (In years last birthday)** **4** **If Under 1 Year** **Months: Days** **If Under 24 Hours** **Hours: Min.**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **10B. KIND OF BUSINESS OR INDUSTRY**

11. BIRTHPLACE (State or foreign country) **Balt. Md.** **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME **Jennius Winstead** **14. MOTHER'S MAIDEN NAME** **Jennie**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **16. SOCIAL SECURITY NO.**

17. INFORMANT **ADDRESS**
JOHNS HOPKINS HOSPITAL

18. 754.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac Failure
DUE TO
(B) Congenital Heart Disease
DUE TO
(C)

II ANTECEDENT CAUSES
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **19B. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** **YES** **NO**

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH **21B. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **21C. WHERE DID INJURY OCCUR?** (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY **21E. INJURY OCCURRED** **WHILE AT WORK** **NOT WHILE AT WORK** **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from **Oct 23/1952**, **19**, **that I last saw the deceased alive on**, **19**, **and that death occurred at** **m.**, **from the causes and on the date stated above.**

23A. SIGNATURE **Keith M. Phillips** **M. D.** **23B. ADDRESS** **JOHNS HOPKINS HOSPITAL** **23C. DATE SIGNED** **10-23-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **24B. DATE** **24C. NAME OF CEMETERY OR CREMATORY** **24D. LOCATION (City, town, or county) (State)**

24A. **Burial** **24B.** **Oct 25/52** **24C.** **Mt Calvary Cemetery** **24D.** **A. A. County Md.**

DATE RECEIVED BY LOCAL REGISTRAR **REGISTRAR'S SIGNATURE** **25. FUNERAL DIRECTOR** **ADDRESS**

VS 150 **24 1952** **Cartificates to be approved by Medical Examiners**

NOT A MEDICAL EXAMINER'S CASE

William H. Spence M.D.
CHIEF OF POLICE MEDICAL EXAMINER

15868

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9718**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DONALD GUNN		2. DATE OF DEATH October 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 27-12	
B. FULL NAME OF HOSPITAL OR INSTITUTION 6302 Boxwood Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 6302 Boxwood Road		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 3 1902
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elec. Engineer	11. BIRTHPLACE (State or foreign country) Rome Ga
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Gunn	
14. MOTHER'S MAIDEN NAME Lillian Rice		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 212-07-2039		17. INFORMANT ADDRESS Mrs. Mary Dillon Gunn Same	

18. 222.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute alcoholism DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. Smith		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Oct. 23, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct 25 1952		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) Baltimore Md		24E. LOCATION (State) Md			

25. FUNERAL DIRECTOR ADDRESS William H. Smith, M.D.		26. FUNERAL DIRECTOR ADDRESS William H. Smith, M.D.	
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BKSC SC

2270

THE NATIONAL ACADEMY OF SCIENCES
OF THE UNITED STATES OF AMERICA
MEMORANDUM FOR THE RECORD
DATE: 1954
SUBJECT: [Illegible]
[Illegible text follows]

VALLEY
CONGRESS
BOND

[Illegible text follows]

565
52 9720
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9720
Registered No.

1. NAME OF DECEASED (Type or Print) Herman F. ZIMMERMAN		2. DATE OF DEATH 10/23/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY 25	
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1800 Tricketts Ave	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 2	8. DATE OF BIRTH May 18, 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Highmaster		10B. KIND OF BUSINESS OR INDUSTRY Union Stock Yards	
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? 30	
13. FATHER'S NAME August F. Zimmerman		14. MOTHER'S MAIDEN NAME Maria B. Brechster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) 1st World War		16. SOCIAL SECURITY NO. 315-07-4431 A	
17. INFORMANT Sophie A. Zimmerman		ADDRESS 1800 Tricketts Ave	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular Accident		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/21 , 19 52 to 10/23 , 19 52 , that I last saw the deceased alive on 10/23 , 19 52 , and that death occurred at 1056 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Ray T. ...		23B. ADDRESS University Hospital	
23C. DATE SIGNED 10/23/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Oct 27-1952	
24C. NAME OF CEMETERY OR CREMATORY Baltimore National		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 5311 Edmondson Ave.	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

CAUSE OF DEATH

500
52 9721BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9721
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Dr. Barnett Cohen</i>			2. DATE OF DEATH <i>Oct. 21, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto City</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>10 W. Read St.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>10 W. Read St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto City</i>		
E. Length of stay in Baltimore <i>30</i>			D. STREET ADDRESS (If rural, give location) <i>10 W Read St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Feb. 15, 1891</i>	9. AGE (In years, last birthday) <i>61</i>	If Under 1 Year Months: Days Hours: Min. <i>9 7</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Professor John Hopkins</i>			11. BIRTHPLACE (State or foreign country) <i>Russia</i>		
3. FATHER'S NAME <i>Louis Cohen</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME <i>Rose Seidelberg</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Jason Cohen N.Y.</i>		

18. <i>443X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Hypertensive cardio-vascular disease. Cerebral hemorrhage</i>	<i>Several yrs</i>
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept. Oct, 1945</i> to <i>Oct. 21, 1952</i> , 19__, that I last saw the deceased alive on <i>10-15-</i> , 19 <i>52</i> , and that death occurred at <i>about 11 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. R. Hoch</i>		23B. ADDRESS <i>1039 N Calvert St</i>		23C. DATE SIGNED <i>10-24-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>Oct 26</i>		24C. NAME OF CEMETERY OR CREMATORY <i>King Solomon Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Clifton N.J.</i>		24E. RECEIVED BY REGISTRAR <i>CT 24 1952</i>		25. FUNERAL DIRECTOR <i>David R. Martin</i>	
REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS			

VS 150

950198V 97 1952 Putaw Place

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1951

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

25
2 9722

ERRICKSON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9722

1. NAME OF DECEASED (Type or Print) <i>Maree Carrison</i>		2. DATE OF DEATH <i>10/21/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1913 Cutaw Pl.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>1913 Cutaw Place</i> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>Twilight Nursing Home Balto. Md. 14-01</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
7. LENGTH OF STAY IN BALTIMORE <i>Life</i>		8. STREET ADDRESS (If rural, give location) <i>1913 Cutaw Place</i>	
9. SEX <i>Female</i>	10. COLOR OR RACE <i>White</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	12. DATE OF BIRTH <i>Unknown</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		14. AGE (In years last birthday) <i>61</i>	
15. FATHER'S NAME <i>Michael</i>		16. BIRTHPLACE (State or foreign country) <i>Balto Md.</i>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
19. SOCIAL SECURITY NO.		20. MOTHER'S MAIDEN NAME <i>Hannah Kern</i>	
21. INFORMANT <i>Edward Durkin</i>		22. ADDRESS <i>306 S. Poppleton St.</i>	

18. <i>331X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <i>cerebro-vascular accident with left hemiplegia.</i>		<i>2 weeks</i>
ANTECEDENT CAUSES		(B) <i>thrombosis.</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>5-12-</i> , 19 <i>52</i> , <i>Oct. 21, 1952</i> , that I last saw the deceased alive on <i>Oct. 19, 1952</i> and that death occurred at <i>10 Pm.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>E. Ellworth</i>		23B. ADDRESS <i>2431 MARYLAND AVENUE</i>		23C. DATE SIGNED <i>10-24-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct 25</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md.</i>	
25. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 24 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>David R Martin</i>		

VS 150

7288A 1902 Cutaw Place

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

188

Name of Deceased _____		Date of Death _____	
Age of Deceased _____		Sex of Deceased _____	
Race of Deceased _____		Place of Birth _____	
Usual Residence _____		Cause of Death _____	
Signature of Physician _____		Signature of Registrar _____	
Date of Signature _____		Date of Signature _____	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9723**

456
BIRTH NO. **9723**

1. NAME OF DECEASED (Type or Print) Bertha Gilmore			2. DATE OF DEATH Oct 23 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Johns Hopkins Hosp			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY X		
5. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18th		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 208 N. Fremont Ave		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11-24-1890		9. AGE (In years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Breastmaker		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) Philadelphia Pa		12. CITIZEN OF WHAT COUNTRY? USA
3. FATHER'S NAME Salon Gilmore Clothing (y)			14. MOTHER'S MAIDEN NAME Emily Wood		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 443x and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Cerebral Thrombosis, Right DUE TO (B) Hypertensive Cardiovascular Disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 1 wk at least 12 yrs
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus	

19A. DATE OF OPERATION 10/23/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/10/52 to 10/23/52 , 19 52 , that I last saw the deceased alive on 10/23/52 , and that death occurred at 5.00 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Thomas R. Hendrix		M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED 10/24/52					
A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 10/27/52		24C. NAME OF CEMETERY OR CREMATORY St. Poles Cem	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. FUNERAL DIRECTOR Mc Katie P. Williams			
TE RECEIVED BY CAL REGISTRAR OCT 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 322 N. Schowdt St	

163
52-9724BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9724

1. NAME OF DECEASED (Type or Print) BRACY LEBORD		2. DATE OF DEATH 10/21/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 616 W Biddle	
7. SEX M	8. COLOR OR RACE Negro	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	10. DATE OF BIRTH Dec. 25, 1896
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rooster		12. BIRTHPLACE (State or foreign country) Jacksonville Fla.	
13. FATHER'S NAME Pierson Laboara		14. MOTHER'S MAIDEN NAME Daniel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. George Stinback	
17. ADDRESS 12164		18. CAUSE OF DEATH	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Coronary occlusion DUE TO (B) hypertensive cardiovascular disease DUE TO (C) dissecting aneurysm		INTERVAL BETWEEN ONSET AND DEATH	
19. DATE OF OPERATION No operation		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH No		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from 10/21 , 19 52 , to 10/21 , 19 52 , that I last saw the deceased alive on 10/21 , 19 52 , and that death occurred at 7:30 P.m. , from the causes and on the date stated above.		23A. SIGNATURE Swisher	
23B. ADDRESS University Hosp.		23C. DATE SIGNED 10/22/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 10/20/52	
24C. NAME OF CEMETERY OR CREMATORY W. H. Williams		24D. LOCATION (City, town, or county) (State) Balto. Md.	
25. FUNERAL DIRECTOR Mr. Kate R. Williams		26. ADDRESS 322 N. Schroeder St.	

587 24009710

1950

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1950



55
9725

To be approved by Medical Examiner

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9725

BIRTH NO.

1. NAME OF DECEASED
Type or Print) MILDRED BREUNING

2. DATE OF DEATH October 23, 1952

3. PLACE OF DEATH: Baltimore City, Maryland 407 S. Monroe St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY City
C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 407 S. Monroe Street

5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Matilda M. Breuning

6. LENGTH OF STAY IN BALTIMORE Life

7. SEX F

8. COLOR OR RACE W

9. SINGLE / MARRIED, WIDOWED, DIVORCED (Specify) Married

10. DATE OF BIRTH June 23, 1890

11. AGE (In years, last birthday) 62

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

14. KIND OF BUSINESS OR INDUSTRY Own Home

15. BIRTHPLACE (State or foreign country) Baltimore Md

16. FATHER'S NAME Frederick F. Kuebel

17. MOTHER'S MAIDEN NAME Unknown

18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) None

19. SOCIAL SECURITY NO. None

20. INFORMANT William C. Breuning

21. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
A. DUE TO Coronary Insufficiency
B. DUE TO Hypertension
C. DUE TO Head Injury
INTERVAL BETWEEN ONSET AND DEATH Several Months

22. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
II
Fell at home Head injury

23. DATE OF OPERATION 0

24. MAJOR FINDINGS OF OPERATION

25. AUTOPSY? YES ☐ NO ☒

26. ACCIDENT, SUICIDE, HOMICIDE (Specify) Contributing

27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home

28. WHERE DID INJURY OCCUR? 407 S. MONROE ST.

29. TIME (Month) (Day) (Year) (Hour) (Minute) Oct. 23, 1952. 9a.m.

30. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

31. HOW DID INJURY OCCUR? SLIPPED & FELL TO FLOOR

32. I hereby certify that I attended the deceased from Oct 3, 1952 to Oct 23, 1952, that I last saw the deceased alive on Oct. 17, 1952, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

33. SIGNATURE Abram Goldman, M.D.

34. ADDRESS 206 S. Gilman St.

35. DATE SIGNED 10/23/52

36. BURIAL, CREMATION, REMOVAL (Specify) Burial

37. DATE 10-27-52

38. NAME OF CEMETERY OR CREMATORY Holy Redeemer

39. LOCATION (City, town, or county) (State) Belair Rd Balt Md

40. DATE RECEIVED BY LOCAL REGISTRAR OCT 24 1952

41. REGISTRAR'S SIGNATURE

42. FUNERAL DIRECTOR George J. Roth Inc

43. ADDRESS 1735 Hanford Ave

VS 150

N-856.0

Geo. J. Ruth, Inc.

1735 Hartford

Ave

Gi-1364

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9726**

450
9726
BIRTH NO.

1. NAME OF DECEASED (Type or Print) **CATHERINE E. DOLAN** 2. DATE OF DEATH **OCT. 22-1952**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location) **MARYLAND**
HOSPITAL OR **BALTIMORE**
INSTITUTION **1702 CRYSTAL AVE** (If outside corporate limits, write full name and give township)

C. Month of stay in Baltimore Yrs. Mos. Days **1702 CRYSTAL AVE**
D. STREET ADDRESS (If rural, give location)

5. SEX **Female** 6. COLOR OR RACE **WHITE** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **JAN. 12-1886** 9. AGE (in years last birthday) **66** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **AT Home** 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) **BALTIMORE, Md.** 12. CITIZEN OF WHAT COUNTRY?

3. FATHER'S NAME **THOMAS GALLAGHER** 14. MOTHER'S MAIDEN NAME **BRIDGET McNUITY**

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **219-16-6105** 17. INFORMANT ADDRESS **Miss Eliz. Dolan - Crystal**

18. **420.1** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **me and** 19th **4** to **Oct. 22**, 1952 that I last saw the deceased alive on **Oct. 22**, 1952 and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Wm. H. Grenzer** M. D. 23B. ADDRESS **1520 E. 33rd St.** 23C. DATE SIGNED **10.23.52**

BURIAL, CREMA- 24B. DATE **10/25/52** 24C. NAME OF CEMETERY OR CREMATORY **New CATHEDRAL** 24D. LOCATION (City, town, or county) (State) **BALTO Md**
RMOVAL (Specify)

RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS **5305 Harford**
REGISTRAR'S SIGNATURE **D. J. Ruck**

OCT 24 1952 19520009720

CERTIFICATE OF DEATH

HANNOVER CITY HEALTH DEPARTMENT

8758

June 26, 1934

600
9727BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9727
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAWRENCE H. Bury

2. DATE
OF
DEATH

OCT. 23-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3203 EASTERN Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 26-11

D. STREET ADDRESS (If rural, give location)

3203 EASTERN Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

July 4-1888

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

REST. & BAR-

10B. KIND OF BUSINESS OR
INDUSTRY

OWNER

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

FRANK K. Bury

14. MOTHER'S MAIDEN NAME

KATHERINE Fox

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212-18-4509

17. INFORMANT

Mrs. ANNA W. Bury - EASTERN

ADDRESS 3203

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma Stomach

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 years 10 mo

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

June 1950

Carcinoma Stomach

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Nov~~ Nov, 1950, to Oct 23, 1952, that I last saw the
deceased alive on Oct 22, 1952, and that death occurred at 10³² m., from the causes and on the date stated above.

23A. SIGNATURE

J. Standing

M. D.

23B. ADDRESS

3805 Belair Rd

23C. DATE SIGNED

Oct 24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/27/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 24 1952

J. Standing

R. Ruck

5305 HARFORD

Dr. Harding

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9728

520
52 9728
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Minnie King</i>		2. DATE OF DEATH <i>Oct 23-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Anne Arundel</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Annapolis</i>	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>Route 4</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	10. DATE OF BIRTH <i>1-4-04</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i>		12. AGE (in years last birthday) <i>48</i>	
13. FATHER'S NAME <i>RICHARD KING</i>		14. BIRTHPLACE (State or foreign country) <i>A.A. Co. MD</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. CITIZEN OF WHAT COUNTRY?	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <i>FANNIE DOVE</i>	
19. ADDRESS		20. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	

18. 600.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 years</i> <i>?</i>
DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Chronic pyelonephritis</i>		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/3</i> , 19 <i>52</i> , to <i>10-23</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>10-23</i> , 19 <i>52</i> , and that death occurred at <i>10</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Carol E. Johnson</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10/23/52</i>	
24A. BURIAL CREMATION REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-26-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. James</i>	
24D. LOCATION (City, town, or county) (State) <i>Anne Arundel Co., Md.</i>		25. FUNERAL DIRECTOR <i>John M. Taylor & Son</i>			
26. RECEIVED BY <i>CT 24 1952</i>		27. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

STATE OF NEW YORK
CERTIFICATE OF DEATH

<p>NAME OF DECEASED <i>John J. Smith</i></p>		<p>AGE <i>45</i></p>		<p>SEX <i>Male</i></p>		<p>RACE <i>White</i></p>	
<p>DATE OF DEATH <i>Jan 15 1902</i></p>		<p>TIME OF DEATH <i>10:30 AM</i></p>		<p>PLACE OF DEATH <i>Home</i></p>		<p>CITY <i>Albany</i></p>	
<p>CAUSE OF DEATH <i>Chronic Hypertension</i></p>		<p>IMMEDIATE CAUSE <i>Apoplexy</i></p>		<p>PREVAILING DISEASE <i>Chronic Hypertension</i></p>		<p>PREVAILING CAUSE <i>Chronic Hypertension</i></p>	
<p>DECEASED'S RESIDENCE <i>123 Main St. Albany, N.Y.</i></p>		<p>DECEASED'S OCCUPATION <i>Teacher</i></p>		<p>DECEASED'S MARITAL STATUS <i>Married</i></p>		<p>DECEASED'S RELIGION <i>Catholic</i></p>	
<p>DECEASED'S BIRTH DATE <i>Jan 15 1857</i></p>		<p>DECEASED'S BIRTH PLACE <i>Albany, N.Y.</i></p>		<p>DECEASED'S BIRTH RACE <i>White</i></p>		<p>DECEASED'S BIRTH SEX <i>Male</i></p>	
<p>DECEASED'S BIRTH AGE <i>45</i></p>		<p>DECEASED'S BIRTH TIME <i>10:30 AM</i></p>		<p>DECEASED'S BIRTH PLACE <i>Home</i></p>		<p>DECEASED'S BIRTH CITY <i>Albany</i></p>	
<p>DECEASED'S BIRTH CAUSE <i>Chronic Hypertension</i></p>		<p>DECEASED'S BIRTH IMMEDIATE CAUSE <i>Apoplexy</i></p>		<p>DECEASED'S BIRTH PREVAILING DISEASE <i>Chronic Hypertension</i></p>		<p>DECEASED'S BIRTH PREVAILING CAUSE <i>Chronic Hypertension</i></p>	
<p>DECEASED'S BIRTH RESIDENCE <i>123 Main St. Albany, N.Y.</i></p>		<p>DECEASED'S BIRTH OCCUPATION <i>Teacher</i></p>		<p>DECEASED'S BIRTH MARITAL STATUS <i>Married</i></p>		<p>DECEASED'S BIRTH RELIGION <i>Catholic</i></p>	
<p>DECEASED'S BIRTH BIRTH DATE <i>Jan 15 1857</i></p>		<p>DECEASED'S BIRTH BIRTH PLACE <i>Albany, N.Y.</i></p>		<p>DECEASED'S BIRTH BIRTH RACE <i>White</i></p>		<p>DECEASED'S BIRTH BIRTH SEX <i>Male</i></p>	
<p>DECEASED'S BIRTH BIRTH AGE <i>45</i></p>		<p>DECEASED'S BIRTH BIRTH TIME <i>10:30 AM</i></p>		<p>DECEASED'S BIRTH BIRTH PLACE <i>Home</i></p>		<p>DECEASED'S BIRTH BIRTH CITY <i>Albany</i></p>	
<p>DECEASED'S BIRTH BIRTH CAUSE <i>Chronic Hypertension</i></p>		<p>DECEASED'S BIRTH BIRTH IMMEDIATE CAUSE <i>Apoplexy</i></p>		<p>DECEASED'S BIRTH BIRTH PREVAILING DISEASE <i>Chronic Hypertension</i></p>		<p>DECEASED'S BIRTH BIRTH PREVAILING CAUSE <i>Chronic Hypertension</i></p>	
<p>DECEASED'S BIRTH BIRTH RESIDENCE <i>123 Main St. Albany, N.Y.</i></p>		<p>DECEASED'S BIRTH BIRTH OCCUPATION <i>Teacher</i></p>		<p>DECEASED'S BIRTH BIRTH MARITAL STATUS <i>Married</i></p>		<p>DECEASED'S BIRTH BIRTH RELIGION <i>Catholic</i></p>	

430
2 9729
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9729

1. NAME OF DECEASED (Type or Print) LEROY F W HILTE			2. DATE OF DEATH Oct. 23, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			c. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore 8-06		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 1712 Crystal Crystal Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9/18/05	9. AGE (In years last birthday) 47	10. Under 1 Year Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mch. operator Black & Decker			11. BIRTHPLACE (State or foreign country) BALTIMORE		
13. FATHER'S NAME Frank Hilte VEG. Pack (m)			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown			14. MOTHER'S MAIDEN NAME ROSE WICK		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Margaret Hilte 1712 Crystal ave		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Coronary artery sclerosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher M.D.		23B. CHIEF MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Oct. 24, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/27/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Baltimore Md		24E. FUNERAL DIRECTOR Huntington Williams, M.D. Blum & Hoffmann		24F. ADDRESS 1639 Broadway	

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160
2 9730BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9730

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Mary V. Hopper		October 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 339 E. Belvedere Avenue		C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)	
E. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 928 Belgian Avenue	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 13, 1883
9. AGE (In years last birthday) 69		10. UNDER 1 Year Months: Days	
11. UNDER 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY?	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		14. KIND OF BUSINESS OR INDUSTRY own home	
15. FATHER'S NAME Hugh Gifford		16. MOTHER'S MAIDEN NAME Anna Parker	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO. 212-10-9879D	
19. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Hyperbensive - cardio-vascular disease. DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
24. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		27. HOW DID INJURY OCCUR?	
28. TIME (Month) (Day) (Year) (Hour) OF INJURY		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
30. I hereby certify that I attended the deceased from 1951 to 10-22, 1952, that I last saw the deceased alive on 10-22, 1952 and that death occurred at 10:35 p. m., from the causes and on the date stated above.			
31. SIGNATURE A. L. Ewald		32. ADDRESS 36 York Court	
33. DATE SIGNED 10/24/52		34. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
35. LOCATION (City, town, or county) Baltimore, Maryland		36. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland	
37. RECEIVED BY CT 24 1952		38. REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
39. FUNERAL DIRECTOR Wm. Cook, Inc.		40. ADDRESS 1217 St. Paul Street	

650
2 9731BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9731

1. NAME OF DECEASED (Type or Print) <i>Henrietta Brown</i>			2. DATE OF DEATH <i>Oct. 22, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>1409 Argyle Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-02</i>		
C. Length of stay in Baltimore <i>47</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1409 Argyle Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>July 12, 1865</i>	9. AGE (In years last birthday) <i>87</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Chas. S. C.</i>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Frank Brown</i>		
14. MOTHER'S MAIDEN NAME <i>Nancy Brown</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes, no or unknown</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Mrs. Maudie Price</i> <i>638 Pitcher St.</i>		

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>arteriosclerotic cardiac -</i> DUE TO <i>vascular disease</i> (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>
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19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July</i> , 1951, to <i>Oct 22</i> , 1952, that I last saw the deceased alive on <i>10.22</i> , 1952, and that death occurred at <i>5A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>James D. Carr</i>		23B. ADDRESS <i>1425 Madison Ave</i>		23C. DATE SIGNED <i>10.24.52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Oct. 25, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		24E. FUNERAL DIRECTOR <i>Shallard Funeral Home</i>		24F. ADDRESS <i>1631 Druid Hill Ave.</i>	

1970

10

CERTIFICATE OF DEATH

10

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth		6. Date of death		7. Place of death		8. Cause of death		9. Manner of death		10. Signature of physician		11. Signature of registrar		12. Signature of informant	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9732**

520
2 9732

1. NAME OF DECEASED (Type or Print) MARGARET M. LYNG			2. DATE OF DEATH Oct. 22, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1625 Cliftview Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1625 Cliftview Ave.		
7. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 28, 1881		9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Ireland
13. FATHER'S NAME John Leary			14. MOTHER'S MAIDEN NAME Elizabeth Curran		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS Miss Elizabeth Lyng - 1625 Cliftview Ave.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH Crownary Artery Thrombosis (A) DUE TO moderate (B) Arterial hypertension DUE TO and Arterio Sclerosis (C)	INTERVAL BETWEEN ONSET AND DEATH 2 days ?

19A. DATE OF OPERATION On Sept 17/52		19B. MAJOR FINDINGS OF OPERATION Left Vaginal hysterectomy for 2nd degree prolapse of uterus		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OCT 22 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 17, 1952 , to Oct 22, 1952 , that I last saw the deceased alive on Oct 22, 1952 , and that death occurred at 9:45 A.M. , from the causes and on the date stated above.					
23. SIGNATURE William R. Brantly, M.D.		23B. ADDRESS 10 E. Biddle St		23C. DATE SIGNED Oct 23/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 10/25/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		25. FUNERAL DIRECTOR Thos. J. Pickner & Sons			
26. RECEIVED BY CT 24 1952		27. REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

520 9732 Balto 17, Md.

CERTIFICATE OF DEATH

1955

1. NAME OF DECEASED <i>James Earl Ray</i>		2. SEX <i>M</i>		3. AGE <i>35</i>	
4. DATE OF DEATH <i>April 4, 1968</i>		5. TIME OF DEATH <i>2:01 PM</i>		6. PLACE OF DEATH <i>Memphis, Tennessee</i>	
7. CAUSE OF DEATH <i>Shot</i>		8. MANNER OF DEATH <i>Suicide</i>		9. PLACE OF BIRTH <i>London, England</i>	
10. OCCUPATION <i>Minister</i>		11. MARITAL STATUS <i>Single</i>		12. EDUCATION <i>High School</i>	
13. SIGNATURE OF DECEASED <i>James Earl Ray</i>		14. SIGNATURE OF WITNESS <i>James Earl Ray</i>		15. SIGNATURE OF PHYSICIAN <i>James Earl Ray</i>	
16. SIGNATURE OF CORONER <i>James Earl Ray</i>		17. SIGNATURE OF JURY <i>James Earl Ray</i>		18. SIGNATURE OF JUDGE <i>James Earl Ray</i>	
19. SIGNATURE OF CLERK <i>James Earl Ray</i>		20. SIGNATURE OF SHERIFF <i>James Earl Ray</i>		21. SIGNATURE OF DEPUTY SHERIFF <i>James Earl Ray</i>	
22. SIGNATURE OF DISTRICT ATTORNEY <i>James Earl Ray</i>		23. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		24. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>	
25. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		26. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		27. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>	
28. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		29. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		30. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>	
31. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		32. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		33. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>	
34. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		35. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		36. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>	
37. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		38. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		39. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>	
40. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		41. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		42. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>	
43. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		44. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		45. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>	
46. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		47. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		48. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>	
49. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		50. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		51. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>	
52. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		53. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		54. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>	
55. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		56. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		57. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>	
58. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		59. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		60. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>	
61. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		62. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		63. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>	
64. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		65. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		66. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>	
67. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		68. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		69. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>	
70. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		71. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		72. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>	
73. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		74. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		75. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>	
76. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		77. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		78. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>	
79. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		80. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		81. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>	
82. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		83. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		84. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>	
85. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		86. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		87. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>	
88. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		89. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		90. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>	
91. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		92. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		93. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>	
94. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		95. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		96. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>	
97. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		98. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		99. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>	
100. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>		101. SIGNATURE OF COUNTY CLERK <i>James Earl Ray</i>		102. SIGNATURE OF COUNTY JUDGE <i>James Earl Ray</i>	

352

52 9733

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9733

1. NAME OF DECEASED (Type or Print) Steinmacher, Miss Margaret		2. DATE OF DEATH OCT. 23. 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Home for Incurables. 700 W. 40th St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 700 W. 40th St	
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 10, 1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY none	9. AGE (in years last birthday) 80 YRS
13. FATHER'S NAME Nicholas Steinmacher		14. MOTHER'S MAIDEN NAME MARGARET HERNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT S. E. Ross		ADDRESS 6411 Windsor Mill Rd - 7	

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Adynamic / Crisis		INTERVAL BETWEEN ONSET AND DEATH Recurring attacks past months.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Paralysis Agitans		6 years +
(C) Generalized Arteriosclerosis		10 years +
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arterio Sclerotic Deformations		20 years

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 5th 1946**, to **Oct. 23rd 1952**, that I last saw the deceased alive on **Oct 15th 1952**, and that death occurred at **6:05 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE **Thomas Conrad Wolff** M. D. **115 Chase St. Baltimore** 23B. ADDRESS **4810/28/1952** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Cremation		24C. NAME OF CEMETERY OR CREMATORY Balto. Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
25. FUNERAL DIRECTOR Huntington Williams, M.D.		25. FUNERAL DIRECTOR 2 Km. J. Tichener & Sons		25. FUNERAL DIRECTOR Balto 17, Md.		25. FUNERAL DIRECTOR Balto 17, Md.	

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546
2 9734BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9734

1. NAME OF DECEASED (Type or Print) William Dunler		2. DATE OF DEATH Oct. 22, 1952.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 319 S. Augusta Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-24-1891
9. AGE (In years last birthday) 61		10. CITIZEN OF WHAT COUNTRY? Maryland	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? Maryland	
13. FATHER'S NAME Joseph Joseph Dunler Deceased		14. MOTHER'S MAIDEN NAME Sopjia Rosemer Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
18. 415X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Acute cardiac dilatation (A) c. due to decompensation (B) Rheumatic Cardiovascular disease (C) INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-22, 1952 to 10-22, 1952, that I last saw the deceased alive on 10-22, 1952, and that death occurred at 6:15 P. M., from the causes and on the date stated above.			
23A. SIGNATURE Harry D. Krigger, M.D.		23B. ADDRESS St. Agnes Hosp	
23C. DATE SIGNED 10-22-52			
A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-27-52	
24C. NAME OF CEMETERY OR CREMATORY Baltimore National		24D. LOCATION (City, town, or county) (State) Baltimore Md	
25. FUNERAL DIRECTOR Huntington Williams, M.P.		ADDRESS Seagrave & Farley Catering & Sals	

1952 OCT 27 9 7 20

1950 30

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1950

DATE OF BIRTH
PLACE OF BIRTH

John Doe
1900
New York

John Doe
1900
New York

John Doe
1900
New York

510
52 9735BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9735

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Hamby, Mrs. Virginia</i>			2. DATE OF DEATH <i>Oct 24, 1952</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Harford</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Churchville 6200</i>		
6. Length of stay in Baltimore <i>37</i> Yrs. <i>37</i> Mos. <i>37</i> Days			d. STREET ADDRESS (If rural, give location)		
7. SEX <i>F</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	10. DATE OF BIRTH <i>7/29/15</i>		11. AGE (In years last birthday) <i>37</i>
12. OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			13. IOB. KIND OF BUSINESS OR INDUSTRY		14. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>
15. 3. FATHER'S NAME <i>JAMES R. Preston</i>			16. 14. MOTHER'S MAIDEN NAME <i>Edna Standiford</i>		
17. 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>			18. 16. SOCIAL SECURITY NO.		
19. 17. INFORMANT <i>SAME</i>			20. ADDRESS		

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Post-Operative Thoracic Hemorrhage</i> DUE TO (B) <i>Right Pneumectomy</i> DUE TO (C) <i>Pulmonary Tuberculosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>3 days</i> <i>7 yrs</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>10/24/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Tbc Rt Lung; Collapse Rt lung - previous Thoracoplasty</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/16</i> , 1952, to <i>10/24</i> , 1952, that I last saw the deceased alive on <i>10/24</i> , 1952 and that death occurred at <i>10 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>W. Reed Carroll</i>		23B. ADDRESS <i>Church Home & Hospital</i>		23C. DATE SIGNED <i>10/24/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct 27 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Churchville Presbyterian</i>	
24D. LOCATION (City, town, or county) <i>Churchville Harford Md</i>		24E. STATE <i>Md</i>		25. FUNERAL DIRECTOR <i>W. H. Archer</i>	
26. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 24 1952</i>		26. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		26. ADDRESS <i>Benson Rd</i>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9736**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CYRUS C. A. STOW		2. DATE OF DEATH October 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Massachusetts B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pittsfield	
C. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1035 South Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 18, 1902
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Manager		10B. KIND OF BUSINESS OR INDUSTRY Howard Johnson	9. AGE (In years last birthday) 50
13. FATHER'S NAME Charles F. Stow		11. BIRTHPLACE (State or foreign country) Philadelphia, Pennsylvania	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Sarah Gertrude Armpriester	
17. INFORMANT		ADDRESS Rockledge, Mary P. Stow, 1265 Rockledge Dr. Florida	

CAUSE OF DEATH

18. 451x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Ruptured dissecting aneurysm of descending aorta ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/>		23C. DATE SIGNED Oct. 23, 1952	

4A. BURIAL, CREMATION, REMOVAL (Specify) cremation		24B. DATE 10/25/52		24C. NAME OF CEMETERY OR CREMATORY Green Mount Crematory		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
ATE RECEIVED BY LOCAL REGISTRAR OCT 25 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

952290640 730

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5

RECEIVED

2278

1940



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52-9737**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis T. Flanigan

2. DATE
OF
DEATH

October 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION **2900 Strathmore Avenue**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2900 Strathmore Avenue

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

April 6, 1896

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shipping Clerk

10B. KIND OF BUSINESS OR
INDUSTRY
**Arrow Carton
& Paper Box**

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Flanigan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)
yes W. W. I.

16. SOCIAL
SECURITY NO.
213-10-9324

17. INFORMANT

ADDRESS

Teresa F. Ohlmeyer, 2011 East 32nd Street

18. **434.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Pulmonary Embolism Acute..

Congestive Heart Failure

INTERVAL BETWEEN
ONSET AND DEATH

21 Sept 52

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **21 Sept**, 19**52** to **24 Oct**, 19**52**, that I last saw the
deceased alive on **21 Sept**, 19**52**, and that death occurred at **4A** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

10/27/52

Loudon Park Cemetery

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Oct 25 1952

Thurston Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

AGE

SEX

RACE

EDUCATION

RELIGION

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

PERMANENT CAUSE

PERMANENT CAUSE

PERMANENT CAUSE

PERMANENT CAUSE

PERMANENT CAUSE

PERMANENT CAUSE

PERMANENT CAUSE

PERMANENT CAUSE

PERMANENT CAUSE

CERTIFICATE OF BIRTH

1915

DATE OF BIRTH

PLACE OF BIRTH

NAME OF FATHER

NAME OF MOTHER

SEX

AGE

EDUCATION

RELIGION

NAME OF REGISTRAR

NAME OF CHURCH OR SYNAGOGUE

NAME OF SCHOOL

NAME OF EMPLOYER

NAME OF WITNESS

NAME OF CHURCH OR SYNAGOGUE

NAME OF SCHOOL

NAME OF EMPLOYER

NAME OF REGISTRAR

NAME OF CHURCH OR SYNAGOGUE

NAME OF SCHOOL

NAME OF EMPLOYER

NAME OF REGISTRAR

NAME OF CHURCH OR SYNAGOGUE

NAME OF SCHOOL

NAME OF EMPLOYER

NAME OF REGISTRAR

NAME OF CHURCH OR SYNAGOGUE

NAME OF SCHOOL

NAME OF EMPLOYER

NAME OF REGISTRAR

NAME OF CHURCH OR SYNAGOGUE

NAME OF SCHOOL

NAME OF EMPLOYER

NAME OF REGISTRAR

000
52 9739

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9739
Registered No.

1. NAME OF DECEASED (Type or Print) Bernice Schuh		2. DATE OF DEATH October 23, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION 3610 Parkside Drive		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
e. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 3610 Parkside Drive	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 29, 1870
9. AGE (in years last birthday) 82		10. Under 1 Year Months: Days: Under 24 Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry Martin		14. MOTHER'S MAIDEN NAME Sarah Krews	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no, no or unknown		16. SOCIAL SECURITY NO.	
17. INFORMANT Mary McWhirter, 3610 Parkside Drive		ADDRESS	
18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Generalized arterio-sclerotic DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 5 yrs.			
19. DATE OF OPERATION 0 19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. HOW DID INJURY OCCUR?	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1947 , to Oct 23, 1952 , that I last saw the deceased alive on Oct 22, 1952 , and that death occurred at 5 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Frederick J. Vallance M. D.		23b. ADDRESS 6100 York Rd	
23c. DATE SIGNED Oct 24, 1952		23d. STATE	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/28/52	
24c. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		24d. LOCATION (City, town, or county) Baltimore, Maryland	
25. FUNERAL DIRECTOR Wilmington, Md. M. Cook, Inc.		25. ADDRESS 1217 St. Paul Street	

9520209733

82 819

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

82 819

DATE OF DEATH: 10-15-1918
PLACE OF DEATH: HOME
RESIDENCE: 1234 N. E. ST.
CITY: BALTIMORE
STATE: MARYLAND
AGE: 45
SEX: F
RACE: W
OCCUPATION: SEWING MACHINE OPERATOR
CAUSE OF DEATH: INFLUENZA
MANNER OF DEATH: NATURAL
DECEASED: MARY J. SMITH
BORN: 1873
FATHER: JOHN SMITH
MOTHER: SARAH SMITH
MARITAL STATUS: MARRIED
HUSBAND: JOHN SMITH
DECEASED'S SIGNATURE: MARY J. SMITH
WITNESSES: JOHN SMITH, SARAH SMITH
DECEASED'S RESIDENCE: 1234 N. E. ST.
CITY: BALTIMORE
STATE: MARYLAND

CAUSE OF DEATH: INFLUENZA
MANNER OF DEATH: NATURAL
DECEASED: MARY J. SMITH
BORN: 1873
FATHER: JOHN SMITH
MOTHER: SARAH SMITH
MARITAL STATUS: MARRIED
HUSBAND: JOHN SMITH
DECEASED'S SIGNATURE: MARY J. SMITH
WITNESSES: JOHN SMITH, SARAH SMITH
DECEASED'S RESIDENCE: 1234 N. E. ST.
CITY: BALTIMORE
STATE: MARYLAND

220
8-164236
2 9740
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9740

1. NAME OF DECEASED (Type or Print) Benjamin Peacock		2. DATE OF DEATH Oct. 24-1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Life		D. STREET ADDRESS (If rural, give location) 500 S. Streeper St..zone 24	
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH Oct. 21-1892
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		12. AGE (in years last birthday) 60	
13. FATHER'S NAME Phillip		14. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? Maryland	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME Mary	
19. INFORMANT Baltimore City Hospitals Record: 4940 Eastern Ave.		20. ADDRESS	

1B. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH Years
DUE TO		
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral Vascular Accident		4 days
DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 10-20-1952		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) (Minute) 10-24-1952 11:15AM		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 10-20- , 19 52 , to 10-24- , 19 52 , that I last saw the deceased alive on 10-24 , 19 52 , and that death occurred at 11:15AM from the causes and on the date stated above.				
23A. SIGNATURE H. S. Williams		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 10-24-1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-27-52		24C. NAME OF CEMETERY OR CREMATORY Oak Lane
24D. LOCATION (City, town, or county) (State) Balto - Md		24E. FUNERAL DIRECTOR Huntington Williams		
24F. RECEIVED BY LOCAL REGISTRAR 10-25-1952		24G. ADDRESS 403 S. W. St.		

0140

BATHING AND HEALTH DEPARTMENT
CERTIFICATE OF DEATH

0140

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

DATE OF DEATH

PLACE OF DEATH

EDUCATION

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PLACE OF DEATH

EDUCATION

200
52 9741BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9741

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martin A. Hess

2. DATE
OF
DEATH

Oct. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5303 Wendley Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

5303 Wendley Rd.

E. Length of stay in Baltimore

Life

F. SEX

M.

G. COLOR OR RACE

W.

H. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

I. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

J. KIND OF BUSINESS OR INDUSTRY

Tailor

K. FATHER'S NAME

Martin Hess

L. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

M. SOCIAL SECURITY NO.

N. INFORMANT

ADDRESS

Mrs. Marie Bouchat, 5303 Wendley Rd.

18. 177X

CAUSE OF DEATH (daughter)

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the Prostate

about 6 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Hypertension and arteriosclerosis
Cardio-vascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

23E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

23F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Mar, 1951, to 21 Oct, 1952, that I last saw the deceased alive on 21 Oct, 1952, and that death occurred at 4:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

601 Wimaus Way (2A)

24 Oct 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, H. 601 Edmondson ave

VS 150

1952009755

1152 52

CERTIFICATE OF DEATH

1152 52

DEATH NO. 1152

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9742**

1. NAME OF DECEASED (Type or Print) ABE GOLDMAN		2. DATE OF DEATH October 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 5309 Chandler Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3614 Rogers Avenue		E. LENGTH OF STAY IN BALTIMORE LIFE	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH December 10, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chef Restaurant		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 57
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Michael Goldman		14. MOTHER'S MAIDEN NAME FANNIE SILBERMAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO. 215-07-0378	
17. INFORMANT ISRAEL GOLDMAN-3614 N. ROGERS AVE.		ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Oct. 24, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 10-26-52	24C. NAME OF CEMETERY OR CREMATORY BETH TFILOH	24D. LOCATION (City, town, or county) (State) BALTIMORE MARYLAND.	
25. DATE RECEIVED BY LOCAL REGISTRAR OCT 25 1952	REGISTRAR'S SIGNATURE <i>[Signature]</i>		26. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS 1524 N. W. 10th Avenue	

5 2754 619 736

11:05 PM

530

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9743

BIRTH NO. 9743

1. NAME OF DECEASED (Type or Print) <i>Bennett, Lena</i>			2. DATE OF DEATH <i>10/24/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-10</i>		
6. Length of stay in Baltimore <i>50 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>4025 Coldspring Lane</i>		
7. SEX <i>F</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	10. DATE OF BIRTH <i>1867</i>		11. AGE (In years last birthday) <i>85</i>
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			13. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		14. BIRTHPLACE (State or foreign country) <i>Russia</i>
15. FATHER'S NAME <i>Norton Paisner</i>			16. MOTHER'S MAIDEN NAME <i>Mary</i>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			18. SOCIAL SECURITY NO.		
19. INFORMANT <i>Mr. Rose Luber - 4025 W. Coldspring</i>			ADDRESS <i>4025 W. Coldspring</i>		

18. <i>570.2</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Coronary Thrombosis</i>		
ANTECEDENT CAUSES		(B) <i>Possible mesenteric infarction</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) <i>0</i>		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>10/23</i> , 1952 to <i>10/24</i> , 1952 that I last saw the deceased alive on <i>10/23</i> , 1952, and that death occurred at <i>1:40</i> P. m., from the causes and on the date stated above.				
23A. SIGNATURE <i>L. S. Gato</i>		23B. ADDRESS <i>Sinai Hospital</i>		23C. DATE SIGNED <i>10/24/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10/26/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>McKris-Cadech</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>
25. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 25 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington W. H. H. H.</i>	25. FUNERAL DIRECTOR <i>Sol. Benson & Son - 1124-26 W. North Ave.</i>

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9744

1. NAME OF DECEASED (Type or Print) <i>Gretchen V. Hayes</i>		2. DATE OF DEATH <i>10/24/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>1802</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>107 N. Carey St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore <i>24</i>		D. STREET ADDRESS (If rural, give location) <i>107 N. Carey St.</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH <i>3/22/1900</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife at home</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>William P. Taylor</i>		14. MOTHER'S MAIDEN NAME <i>Mary Wright</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>Mr. Walter F. Hayes Jr. Hamburg</i>		ADDRESS <i>1146 W. ST.</i>	
18. <i>174X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Carcinoma of uterus, far advanced about 1 1/2 yrs</i> (B) (C) INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>Jan. 1951, 1952 to Oct 24, 1952</i> that I last saw the deceased alive on <i>10/23, 1952</i> and that death occurred at <i>2 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Abram Goldman M.O.</i>		23B. ADDRESS <i>206 S. Gilman St.</i>	
23C. DATE SIGNED <i>10/24/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>10/27/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt Olivet Cem</i>		24D. LOCATION (City, town, or county) (State) <i>1930 Frederick Ave</i>	
25. FUNERAL DIRECTOR <i>John J. Gibran & Son</i>		ADDRESS <i>Huntington Baltimore Md</i>	

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TESTIMONY OF DEATH

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52 9745BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9745
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
HARRY H. HARTLOVE		Oct. 22, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Md. c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore d. STREET ADDRESS (If rural, give location) 4014 Chatham Rd.	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4014 Chatham Rd.		8. DATE OF BIRTH Feb. 16, 1882	
6. Length of stay in Baltimore Yrs. Mos. Days		9. AGE (In years last birthday) 70	
10. SEX male		11. BIRTHPLACE (State or foreign country) Maryland	
12. COLOR OR RACE white		13. CITIZEN OF WHAT COUNTRY? Maryland	
14. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		15. MOTHER'S MAIDEN NAME Laura J. Sherwood	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Statistician		17. INFORMANT Miss Bertie Hartlove - 4014 Chatham Rd.	
18. KIND OF BUSINESS OR INDUSTRY Railroad		19. ADDRESS 4014 Chatham Rd.	
20. FATHER'S NAME Thomas F. Hartlove		21. SOCIAL SECURITY NO. A-496190	
22. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) none		23. INTERVAL BETWEEN ONSET AND DEATH	
24. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		25. (A) <i>Coronary thrombosis (Silent)</i> DUE TO <i>Plaque in coronary artery</i> (B) <i>generalized</i> DUE TO (C)	
26. DATE OF OPERATION		27. MAJOR FINDINGS OF OPERATION	
28. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		29. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		31. HOW DID INJURY OCCUR?	
32. I hereby certify that I attended the deceased from Oct 1951, to Oct 1952, that I last saw the deceased alive on Oct 1952, and that death occurred at 2 P. M., from the causes and on the date stated above.		33. SIGNATURE W. E. Neale M. D.	
34. ADDRESS 4215 Oak Heights Tr		35. DATE SIGNED 10/24/52	
36. A. BURIAL, CREMATION, REMOVAL (Specify) Burial		37. DATE 10/25/52	
38. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.		39. LOCATION (City, town, or county) (State) Balto., Md.	
40. RECEIVED BY CAL REGISTRAR 10/25/1952		41. REGISTRAR'S SIGNATURE Huntington Williams	
42. FUNERAL DIRECTOR J. J. Pickner & Sons		43. ADDRESS 1053 50th St. Balto. 17, Md.	

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UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9746

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MRS. BEULAH A. BARNES		2. DATE OF DEATH OCT 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5355	
D. STREET ADDRESS (If rural, give location) 8723 Eddington Rd.			
5. SEX F		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 27, 1903	
9. AGE (In years last birthday) 49		10. CITIZEN OF WHAT COUNTRY? U.S.	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Walter R. Fearson		14. MOTHER'S MAIDEN NAME Augusta Seward	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no.		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Samuel E. Barnes-8723 Eddington Rd.		ADDRESS TOWSON	

18. 600.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) pyelonephritis with uremia about 6 wks		INTERVAL BETWEEN ONSET AND DEATH about 6 wks
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. pyelonephritis with uremia about 6 wks		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION none.		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 1, 1952 to Oct 24, 1952 , that I last saw the deceased alive on Oct 24, 1952 and that death occurred at 9:00 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE R. H. Fanning		23B. ADDRESS Mercy Hospital, Balt. Md.		23C. DATE SIGNED 10/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) ion		24B. DATE 10/27/52		24C. NAME OF CEMETERY OR CREMATORY GreenMount Crematory	
24D. LOCATION (City, town, or county) Balto., Md.		24E. RECEIVED BY Huntington Williams, M.D.		24F. REGISTRAR'S SIGNATURE Thm. J. Pickner & Sons	
24G. VS 150		24H. 195200007		24I. Balto 17, Md.	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9747**

TH NO.

1. NAME OF DECEASED (or Print) Miss Bertha Weber		2. DATE OF DEATH 10-24-52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23	
6. LENGTH OF STAY IN BALTIMORE ?		D. STREET ADDRESS (If rural, give location) 1845 W. Fayette St.	
7. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 2-28-82
9. USUAL OCCUPATION (Give kind of one during most of working life, even if retired) Clerk		10. KIND OF BUSINESS OR INDUSTRY Dept. Store	9. AGE (in years last birthday) 70
11. FATHER'S NAME HENRY WEBER		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no or unknown		14. MOTHER'S MAIDEN NAME Margaretha Koehler	
15. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Elizabeth Waldron - sister	

18. 172X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Generalized Carcinomatosis DUE TO (B) Carcinoma of body of Uterus DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>James P. Shabill</i>		23B. ADDRESS <i>Bon Secours Hospital</i>		23C. DATE SIGNED <i>10/24/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/27/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. FUNERAL DIRECTOR <i>Wm. J. Tipton & Sons</i>		24F. ADDRESS	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9748
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CHARLES L. GENTHNER		2. DATE OF DEATH Oct. 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2305 St. Paul Street		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE St. Paul Nursing Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	

C. Length of stay in Baltimore _____		D. STREET ADDRESS (If rural, give location) 212 S. Duncan Street	
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5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 25, 1872	9. AGE (In years last birthday) 80	If Under 1 Year Months: _____ Days: _____	If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10B. KIND OF BUSINESS OR INDUSTRY Building Contractor		11. BIRTHPLACE (State or foreign country) Rochester, N. Y.		12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME Charles Genthner		14. MOTHER'S MAIDEN NAME Cardine Hoffman	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Louis Kuntz	ADDRESS 142 1/2 Cady St. Rochester
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18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis with rt. hemiplegia		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **Oct 10**, 19**52**, to **Oct 25**, 19**52**, that I last saw the deceased alive on **Oct 24**, 19**52**, and that death occurred at **8:10 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE E. S. Cook		23B. ADDRESS 2931 Mt. Ave.		23C. DATE SIGNED 10.25.52	
24A. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24D. LOCATION (City, town, or county) (State) Rochester, N. Y.			

24B. DATE Oct. 25, 1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24D. LOCATION (City, town, or county) (State) Rochester, N. Y.	
E RECEIVED BY AL REGISTRAR Thurston Williams, M.D.		25. FUNERAL DIRECTOR William Cook, Inc.		ADDRESS 1217 St. Paul Street	

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

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TH NO. 52-25336BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9749
Registered No.

1. NAME OF DECEASED (Last name or Print)		2. DATE OF DEATH	
BABY GIRL RITZEL "B"		Oct. 23, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
5. FULL NAME OF (If not in hospital or institution, give street address or location) MERCY HOSPITAL		A. STATE MARYLAND B. COUNTY	
6. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
7. SEX F		D. STREET ADDRESS (If rural, give location) 5028 Plymouth Rd.	
8. 6. COLOR OR RACE W		9. 8. DATE OF BIRTH Oct. 22, 1952	
9. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S		10. 9. AGE (In years last birthday) 1	
10. 10. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)		11. 11. BIRTHPLACE (State or foreign country) MARYLAND	
11. 10b. KIND OF BUSINESS OR INDUSTRY		12. 12. CITIZEN OF WHAT COUNTRY? 1	
12. FATHER'S NAME WILLIAM HOWARD RITZEL		13. 14. MOTHER'S MAIDEN NAME DOMENICA MARY BUTTA	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no or unknown		14. 17. INFORMANT ADDRESS	
14. 16. SOCIAL SECURITY NO.			

15. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Cardio-respiratory failure			
(B) DUE TO		Prematurity, Steptecris, Left Lung		30 hrs.	
(C) DUE TO					
16. ANTECEDENT CAUSES					
17. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 22, 1952, to Oct. 23, 1952, that I last saw the deceased alive on Oct 23, 1952, and that death occurred at 9:40 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Marta Trina - Cortez M.D.		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 10-23-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Oct. 23 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
24G. LOCATION (City, town, or county)		24H. LOCATION (City, town, or county)		24I. LOCATION (City, town, or county)	
24J. LOCATION (City, town, or county)		24K. LOCATION (City, town, or county)		24L. LOCATION (City, town, or county)	
24M. LOCATION (City, town, or county)		24N. LOCATION (City, town, or county)		24O. LOCATION (City, town, or county)	
24P. LOCATION (City, town, or county)		24Q. LOCATION (City, town, or county)		24R. LOCATION (City, town, or county)	
24S. LOCATION (City, town, or county)		24T. LOCATION (City, town, or county)		24U. LOCATION (City, town, or county)	
24V. LOCATION (City, town, or county)		24W. LOCATION (City, town, or county)		24X. LOCATION (City, town, or county)	
24Y. LOCATION (City, town, or county)		24Z. LOCATION (City, town, or county)		24AA. LOCATION (City, town, or county)	
24AB. LOCATION (City, town, or county)		24AC. LOCATION (City, town, or county)		24AD. LOCATION (City, town, or county)	
24AE. LOCATION (City, town, or county)		24AF. LOCATION (City, town, or county)		24AG. LOCATION (City, town, or county)	
24AH. LOCATION (City, town, or county)		24AI. LOCATION (City, town, or county)		24AJ. LOCATION (City, town, or county)	
24AK. LOCATION (City, town, or county)		24AL. LOCATION (City, town, or county)		24AM. LOCATION (City, town, or county)	
24AN. LOCATION (City, town, or county)		24AO. LOCATION (City, town, or county)		24AP. LOCATION (City, town, or county)	
24AQ. LOCATION (City, town, or county)		24AR. LOCATION (City, town, or county)		24AS. LOCATION (City, town, or county)	
24AT. LOCATION (City, town, or county)		24AU. LOCATION (City, town, or county)		24AV. LOCATION (City, town, or county)	
24AW. LOCATION (City, town, or county)		24AX. LOCATION (City, town, or county)		24AY. LOCATION (City, town, or county)	
24AZ. LOCATION (City, town, or county)		24BA. LOCATION (City, town, or county)		24BB. LOCATION (City, town, or county)	
24BC. LOCATION (City, town, or county)		24BD. LOCATION (City, town, or county)		24BE. LOCATION (City, town, or county)	
24BF. LOCATION (City, town, or county)		24BG. LOCATION (City, town, or county)		24BH. LOCATION (City, town, or county)	
24BI. LOCATION (City, town, or county)		24BJ. LOCATION (City, town, or county)		24BK. LOCATION (City, town, or county)	
24BL. LOCATION (City, town, or county)		24BM. LOCATION (City, town, or county)		24BN. LOCATION (City, town, or county)	
24BO. LOCATION (City, town, or county)		24BP. LOCATION (City, town, or county)		24BQ. LOCATION (City, town, or county)	
24BR. LOCATION (City, town, or county)		24BS. LOCATION (City, town, or county)		24BT. LOCATION (City, town, or county)	
24BU. LOCATION (City, town, or county)		24BV. LOCATION (City, town, or county)		24BW. LOCATION (City, town, or county)	
24BX. LOCATION (City, town, or county)		24BY. LOCATION (City, town, or county)		24BZ. LOCATION (City, town, or county)	
24CA. LOCATION (City, town, or county)		24CB. LOCATION (City, town, or county)		24CC. LOCATION (City, town, or county)	
24CD. LOCATION (City, town, or county)		24CE. LOCATION (City, town, or county)		24CD. LOCATION (City, town, or county)	
24CE. LOCATION (City, town, or county)		24CF. LOCATION (City, town, or county)		24CE. LOCATION (City, town, or county)	
24CF. LOCATION (City, town, or county)		24CG. LOCATION (City, town, or county)		24CF. LOCATION (City, town, or county)	
24CG. LOCATION (City, town, or county)		24CH. LOCATION (City, town, or county)		24CG. LOCATION (City, town, or county)	
24CH. LOCATION (City, town, or county)		24CI. LOCATION (City, town, or county)		24CH. LOCATION (City, town, or county)	
24CI. LOCATION (City, town, or county)		24CJ. LOCATION (City, town, or county)		24CI. LOCATION (City, town, or county)	
24CJ. LOCATION (City, town, or county)		24CK. LOCATION (City, town, or county)		24CJ. LOCATION (City, town, or county)	
24CK. LOCATION (City, town, or county)		24CL. LOCATION (City, town, or county)		24CK. LOCATION (City, town, or county)	
24CL. LOCATION (City, town, or county)		24CM. LOCATION (City, town, or county)		24CL. LOCATION (City, town, or county)	
24CM. LOCATION (City, town, or county)		24CN. LOCATION (City, town, or county)		24CM. LOCATION (City, town, or county)	
24CN. LOCATION (City, town, or county)		24CO. LOCATION (City, town, or county)		24CN. LOCATION (City, town, or county)	
24CO. LOCATION (City, town, or county)		24CP. LOCATION (City, town, or county)		24CO. LOCATION (City, town, or county)	
24CP. LOCATION (City, town, or county)		24CQ. LOCATION (City, town, or county)		24CP. LOCATION (City, town, or county)	
24CQ. LOCATION (City, town, or county)		24CR. LOCATION (City, town, or county)		24CQ. LOCATION (City, town, or county)	
24CR. LOCATION (City, town, or county)		24CS. LOCATION (City, town, or county)		24CR. LOCATION (City, town, or county)	
24CS. LOCATION (City, town, or county)		24CT. LOCATION (City, town, or county)		24CS. LOCATION (City, town, or county)	
24CT. LOCATION (City, town, or county)		24CU. LOCATION (City, town, or county)		24CT. LOCATION (City, town, or county)	
24CU. LOCATION (City, town, or county)		24CV. LOCATION (City, town, or county)		24CU. LOCATION (City, town, or county)	
24CV. LOCATION (City, town, or county)		24CW. LOCATION (City, town, or county)		24CV. LOCATION (City, town, or county)	
24CW. LOCATION (City, town, or county)		24CX. LOCATION (City, town, or county)		24CW. LOCATION (City, town, or county)	
24CX. LOCATION (City, town, or county)		24CY. LOCATION (City, town, or county)		24CX. LOCATION (City, town, or county)	
24CY. LOCATION (City, town, or county)		24CZ. LOCATION (City, town, or county)		24CY. LOCATION (City, town, or county)	
24CZ. LOCATION (City, town, or county)		24DA. LOCATION (City, town, or county)		24CZ. LOCATION (City, town, or county)	
24DA. LOCATION (City, town, or county)		24DB. LOCATION (City, town, or county)		24DA. LOCATION (City, town, or county)	
24DB. LOCATION (City, town, or county)		24DC. LOCATION (City, town, or county)		24DB. LOCATION (City, town, or county)	
24DC. LOCATION (City, town, or county)		24DD. LOCATION (City, town, or county)		24DC. LOCATION (City, town, or county)	
24DD. LOCATION (City, town, or county)		24DE. LOCATION (City, town, or county)		24DD. LOCATION (City, town, or county)	
24DE. LOCATION (City, town, or county)		24DE. LOCATION (City, town, or county)		24DE. LOCATION (City, town, or county)	

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9750

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9750

TH NO.

NAME OF DECEASED
(Type or Print)

Mary E. McLaughlin

2. DATE
OF
DEATH

Oct. 23, 1952

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

FULL NAME OF (If not in hospital or institution, give street address or location)
SPITAL OR
STITUTION

217 East Biddle St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

217 East Biddle St.

Length of stay in Baltimore

Lifetime

Yrs.
Mos.
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

Nov. 6, 1867

9. AGE (In years
last birthday)

84

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

FATHER'S NAME

James E. Murphy

14. MOTHER'S MAIDEN NAME

Ann Murphy

13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
no17. INFORMANT ADDRESS
Mrs. E. M. Pendleton 217 E. Biddle St.

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Cerebral Vascular Accident

INTERVAL BETWEEN
ONSET AND DEATH

18 mos.

Hypertensive Arteriosclerotic 5 yrs.
Cardiovascular DiseaseII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 1947, to Oct. 1952, that I last saw the
deceased alive on Oct. 15, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Cora H. Kammer, Jr. M. O.

501 Sheridan Ave.

Oct. 24, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Oct-27-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Chas F. Evans & Son

118 W. Mt. Royal Ave.

VS 150

9520009744

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

561 Shuredu Ave

550
52 9751

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9751
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Steven Bowman

2. DATE
OF
DEATH

Oct-20-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN Baltimore

6. Length of stay in Baltimore 58 Yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
1910 E. Madison St

7. SEX
male

8. COLOR OR RACE
Colored

9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

10. DATE OF BIRTH
July-20-1892

11. AGE (In years, last birthday)
60

12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

13. KIND OF BUSINESS OR INDUSTRY
In General

14. BIRTHPLACE (State or foreign country)
Virginia

15. CITIZEN OF WHAT COUNTRY?
U.S.A.

16. FATHER'S NAME

Albert Bowman

17. MOTHER'S MAIDEN NAME

Mildred Carroll

18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

19. SOCIAL SECURITY NO.

20. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

21. 446X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia
DUE TO

3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSATION LAST.

(B) Arteriosclerosis
DUE TO
(C) Hypertension

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

22. DATE OF OPERATION

23. MAJOR FINDINGS OF OPERATION

24. AUTOPSY?
YES ☒ NO ☐

25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

28. TIME (Month) (Day) (Year) (Hour) OF INJURY

29. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

30. HOW DID INJURY OCCUR?

31. I hereby certify that I attended the deceased from 10/20/52 to 10/20/52, that I last saw the deceased alive on 10/20/52, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

32. SIGNATURE

Medford W. Deil

M. D.

33. ADDRESS
JOHNS HOPKINS HOSPITAL

34. DATE SIGNED
10-21-52

35. BURIAL, CREMATION, REMOVAL (Specify)

36. DATE

37. NAME OF CEMETERY OR CREMATORY

38. LOCATION (City, town, or county) (State)

Burial

10/25/1952

Arbutus Mem. Park Cem.

Arbutus Balto. Md.

39. RECEIVED BY AL REGISTRAR

40. REGISTRAR'S SIGNATURE

41. FUNERAL DIRECTOR

42. ADDRESS

10/25/1952

Huntington Williams, M.D.

Elroy W. Wilson 1000 Bently

56
2 9752BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9752
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

MRS. MARY EMMA DITTMAR

2. DATE
OF DEATH
Oct. 24, 1952

PLACE OF DEATH:

Baltimore City, Maryland Baltimore, Md.

FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6301 Belair Rd Balto. 6, Md.

Length of stay in Baltimore

Life

SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Female White MarriedA. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

OWN. Home

F. FATHER'S NAME

George Bausch

8. DATE OF BIRTH

Feb 2-1887

9. AGE (In years
last birthday)

65

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr. Gustav Dittmar 6301 Belair Rd

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary Arterio Thrombosis

DUE TO

(C) Hypertensive Cardio Vasular Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 23, 1952 to Oct. 24, 1952, that I last saw the
deceased alive on Oct. 24, 1952, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

10/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10/27/52

Parkwood Cem

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1952

Huntington Wilkins, N. Massaker Funeral Home 7401 Belair Rd

1943

1944

UNITED STATES GOVERNMENT

1945



60
52 9753BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9753

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>RENA Shaffer</i>			2. DATE OF DEATH <i>Oct 25, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med 011 3</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Essex 5254</i>		
D. STREET ADDRESS (If rural, give location) <i>1602 Wolittle Road</i>			5. DATE OF BIRTH <i>1-17-'92</i>		
6. SEX <i>Female</i>			7. AGE (In years last birthday) <i>60</i>		
8. COLOR OR RACE <i>White</i>			9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Pa</i>		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>William Roadman</i>		
14. MOTHER'S MAIDEN NAME <i>Laura Snyder</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. *420.1 and, 260X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *myocardial infarction*

DUE TO

12 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Coronary Artery disease*

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-25-</i> , 19 <i>52</i> , to <i>10-25-</i> , 19 <i>52</i> that I last saw the deceased alive on <i>10-25-</i> , 19 <i>52</i> , and that death occurred at <i>7:20 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William C. Mattheis, Jr.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10/25/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>none</i>		24B. DATE <i>10/25/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Ligonier Valley Ligonier Pa</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <i>7th Coh Inc</i>		ADDRESS <i>1214 Paul St</i>	

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

DATE OF DEATH

1955

43
52 9754

52 9754

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES WILLARD TARLETON			2. DATE OF DEATH 23rd Oct. 52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 24-02		
D. STREET ADDRESS (If rural, give location) 723 HARVEY ST.			Yrs. Mos. Days		
c. Length of stay in Baltimore			8. DATE OF BIRTH 26 June 1886		
5. SEX M			9. AGE (In years last birthday) 66		
6. COLOR OR RACE W			10. UNDER 1 Year Months: Days		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower			11. UNDER 24 Hours Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER.			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME ALBERT TARLETON.			14. MOTHER'S MAIDEN NAME ELLIOTT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Family - James			ADDRESS		

18. 331X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral Vascular Accident			
ANTECEDENT CAUSES		DUE TO HYPERTENSION.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 10/23		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2:45 p.m. 10/23 , 1952, to 2:50 p.m. 10/23 , 1952, that I last saw the deceased alive on 23rd Oct., 1952 , and that death occurred at 2:50 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE M. K. Quinn		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 10/23/52	
24A. BURIAL CREMATION, REMOVAL (Specify)		24B. DATE 10-26-52		24C. NAME OF CEMETERY OR CREMATORY Solomon's	
24D. LOCATION (City, town, or county) Solomon's Island		24E. STATE MD		24F. DATE RECEIVED BY LOCAL REGISTRAR 10/26/52	
REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR L. R. Carey		ADDRESS 130 E. Fort Ave.	

1500

1800

THE UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE

[Faint, illegible text, likely bleed-through from the reverse side of the page]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9755
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Doree Lucy (Kessner)

2. DATE OF DEATH *Oct. 24, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Del.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Med. 25-33

5. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 30

D. STREET ADDRESS (If rural, give location)

2645 Ridgely St.

6. Length of stay in Baltimore

Yrs.
Mos.
Days

7. SEX

Female

8. COLOR OR RACE

Colored

9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10. DATE OF BIRTH

4-30-15

11. AGE (in years last birthday)

37

12. Under 1 Year Months Days

13. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

domestic

10B. KIND OF BUSINESS OR INDUSTRY

Housework

11. BIRTHPLACE (State or foreign country)

Pineville, N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louise Kessner

14. MOTHER'S MAIDEN NAME

E. Stalle Barber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *445X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Malignant Hypertension

INTERVAL BETWEEN ONSET AND DEATH

9 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *8-25*, 19*52* to *10-24*, 19*52*; that I last saw the deceased alive on *10-24*, 19*52*, and that death occurred at *11:45* A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/25/52

24A. BURIAL, CREMA- REMOVAL (Specify)

Burial

24B. DATE

Oct 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olive

24D. LOCATION (City, town, or county)

Wilmington, Del.

(State)

25. RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Edward J. Feltz

ADDRESS

Wilmington, Del.

VS 150

953208A

Raised by Grandmother Mary -
+ father name Wadsey

00
52 9756
TH NO. 52-25306

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9756
Registered No.

1. NAME OF DECEASED (Last name or Print)		2. DATE OF DEATH	
Baby Boy Bowen.		10-21-52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		A. STATE B. COUNTY	
Maryland		Maryland Baltimore City	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		C. CITY OR TOWN	
Baltimore.		Baltimore.	
7. D. STREET ADDRESS (If rural, give location)		8. DATE OF BIRTH	
715 Lyndhurst St Lyndhurst		10-21-52	
9. AGE (in years last birthday)		10. CITIZEN OF WHAT COUNTRY?	
16-08		Baltimore Md.	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Baltimore Md.		Baltimore Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Russell Owen Bowen Jr.		Fawcett Milligan C. Kent	
15. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)		16. SOCIAL SECURITY NO.	
None for the women of Md.		Father.	
17. INFORMANT		ADDRESS	
Father.			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Prematurity		DUE TO		3 15 60 hr	
19. ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
None.				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF DEATH		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-21-52 to 10-21-52, that I last saw the deceased alive on 10-21-52, and that death occurred at 8:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Huntington Williams, M.D.		Huntington Williams, M.D.		10-21-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore		Huntington Williams, M.D.		Huntington Williams, M.D.	
25. RECEIVED BY		25. RECEIVED BY		25. RECEIVED BY	
Huntington Williams, M.D.		Huntington Williams, M.D.		Huntington Williams, M.D.	
OCT 26 1952		OCT 23 1952		OCT 23 1952	

VS 150

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CHIEF OF POLICE

WALLACE

CORPUS

1900

D. 2

524

52 9757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 9757

BIRTH NO. 52-24939

1. NAME OF DECEASED
(Type or Print) Baby girl Cansler

2. DATE OF DEATH 10/16/52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY Baltimore 18-03

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE University Hosp.

6. DATE OF BIRTH 10/16/52

7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)

8. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 18-03

9. STREET ADDRESS (If rural, give location)
1033 W. Balto. St.

10. LENGTH OF STAY IN BALTIMORE
Yrs. Mos. Days

11. BIRTHPLACE (State or foreign country)
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
Harold Cansler

14. MOTHER'S MAIDEN NAME
Mary Nicks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
mother

18. ADDRESS
Same

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) Immaturity - let. 822gm. minutes
DUE TO
(B)
DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH

19. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16, 1952, to 10/16, 1952, that I last saw the deceased alive on 10/16, 1952, and that death occurred at 10³⁰ A. M., from the causes and on the date stated above.

23A. SIGNATURE
John J. Hunter

23B. ADDRESS
M. D. Miss Hunter

23C. DATE SIGNED
10/16/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY
UNIVERSITY MEDICAL SCHOOL

24D. LOCATION (City, town, or county) (State)
OCT 22 1952

DATE RECEIVED BY LOCAL REGISTRAR
OCT 26 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
Huntington Williams, M.D.

ADDRESS

VS 150

520009751

STATE OF TEXAS
COUNTY OF DALLAS

BEFORE ME, the undersigned authority, on this day personally appeared _____

SS 8033

10/17

_____ known to me to be the person whose name is subscribed to the foregoing instrument, acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public in and for the State of Texas

My commission expires this _____ day of _____, 20____.

NOTARY PUBLIC

2 9758
 RTH NO. 52-23794

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

52 9758
 Registered No.

1. NAME OF DECEASED (Type or Print) Baby WEAVER		2. DATE OF DEATH 10.13.52	
3. PLACE OF DEATH: University Hospital Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital (If not in hospital or institution, give street address or location)		C. CITY OR TOWN Balt. (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 621-N. Brien St.	
6. Length of stay in Baltimore 7 Yrs. Mos. Days		8. DATE OF BIRTH 10-6-52	
9. SEX Female	10. COLOR OR RACE Colored	11. BIRTHPLACE (State or foreign country) Baltimore	12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Willie WEAVER		14. MOTHER'S MAIDEN NAME Ruth Ray	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Charles W. Weaver		ADDRESS University Hospital	

18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Atelectasis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. PREMATURITY		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) 2 10 1952 5	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **10-6**, 1952 to **10-13**, 1952, that I last saw the deceased alive on **10-13**, 1952, and that death occurred at **5:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **O. Chauran** M. D. 23B. ADDRESS **University Hospital** 23C. DATE SIGNED **10.11.52**

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY **UNIVERSITY MEDICAL SCHOOL** 24D. LOCATION (City, town, or county) **Baltimore** (State) **MD**

DATE RECEIVED BY LOCAL REGISTRAR **OCT 26 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Huntington Williams, M.D.** ADDRESS

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY REPORT NO. 100

PLANT INDUSTRY REPORT NO. 100

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PLANT INDUSTRY REPORT NO. 100

250		BALTIMORE CITY HEALTH DEPARTMENT		52 9759	
52 9759		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		Nelson Joseph Gagne		2. DATE OF DEATH Oct. 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Union Memorial Hospital Baltimore, Md.		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		7. STREET ADDRESS (If rural, give location) 12-06 2427 Maryland Ave	
8. Length of stay in Baltimore 12 Yrs. Mos. Days		9. DATE OF BIRTH Feb. 7, 1888		10. AGE (In years last birthday) 64	
11. SEX Male		12. COLOR OR RACE White		13. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Structural Iron Worker		15. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co		16. BIRTHPLACE (State or foreign country) Michigan	
17. FATHER'S NAME Joseph Gagne		18. MOTHER'S MAIDEN NAME Caroline Proulx		19. CITIZEN OF WHAT COUNTRY?	
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		21. SOCIAL SECURITY NO.		22. INFORMANT ADDRESS Mrs. Nelson J. Gagne 2427 Maryland Ave.	
23. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Heart Attack		24. CAUSE OF DEATH (A) DUE TO (B) (C)		25. INTERVAL BETWEEN ONSET AND DEATH immediate	
26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Congestive heart failure		28. 1 yr.	
29. 19A. DATE OF OPERATION		30. 19B. MAJOR FINDINGS OF OPERATION		31. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
32. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		33. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		34. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
35. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		36. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		37. 21F. HOW DID INJURY OCCUR?	
38. 22. I hereby certify that I attended the deceased from Jan. 1, 1950, to Oct. 24, 1952, that I last saw the deceased alive on Oct. 23, 1952, and that death occurred at 10 A. m., from the causes and on the date stated above.					
39. 23A. SIGNATURE E. Ellsworth		40. 23B. ADDRESS 2431 Md. Ave		41. 23C. DATE SIGNED 10-25-52	
42. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		43. 24B. DATE Oct. 27, 1952		44. 24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery	
45. 24D. LOCATION (City, town, or county) Baltimore, Maryland.		46. 24E. REGISTRAR'S SIGNATURE Huntington Williams		47. 24F. FUNERAL DIRECTOR J. H. Wears & Son, 805 N. Calvert St	
48. DATE RECEIVED BY LOCAL REGISTRAR OCT 26 1952		49. VS 150		50. 5503A 9753	

MS 918

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

1900



30

52 9760

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9760

1. NAME OF DECEASED (Type or Print)		CAROLYN HUNT		2. DATE OF DEATH October 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1403 E. Biddle Street			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 8-7-1952	9. AGE (In years last birthday) 2	10. Under 1 Year Months: Days 10. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore md.	
13. FATHER'S NAME Edward Hunt		14. MOTHER'S MAIDEN NAME Agnes Kirk		12. CITIZEN OF WHAT COUNTRY ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Agnes Kirk 1403 E. Biddle St.	

18. 525X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Interstitial pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

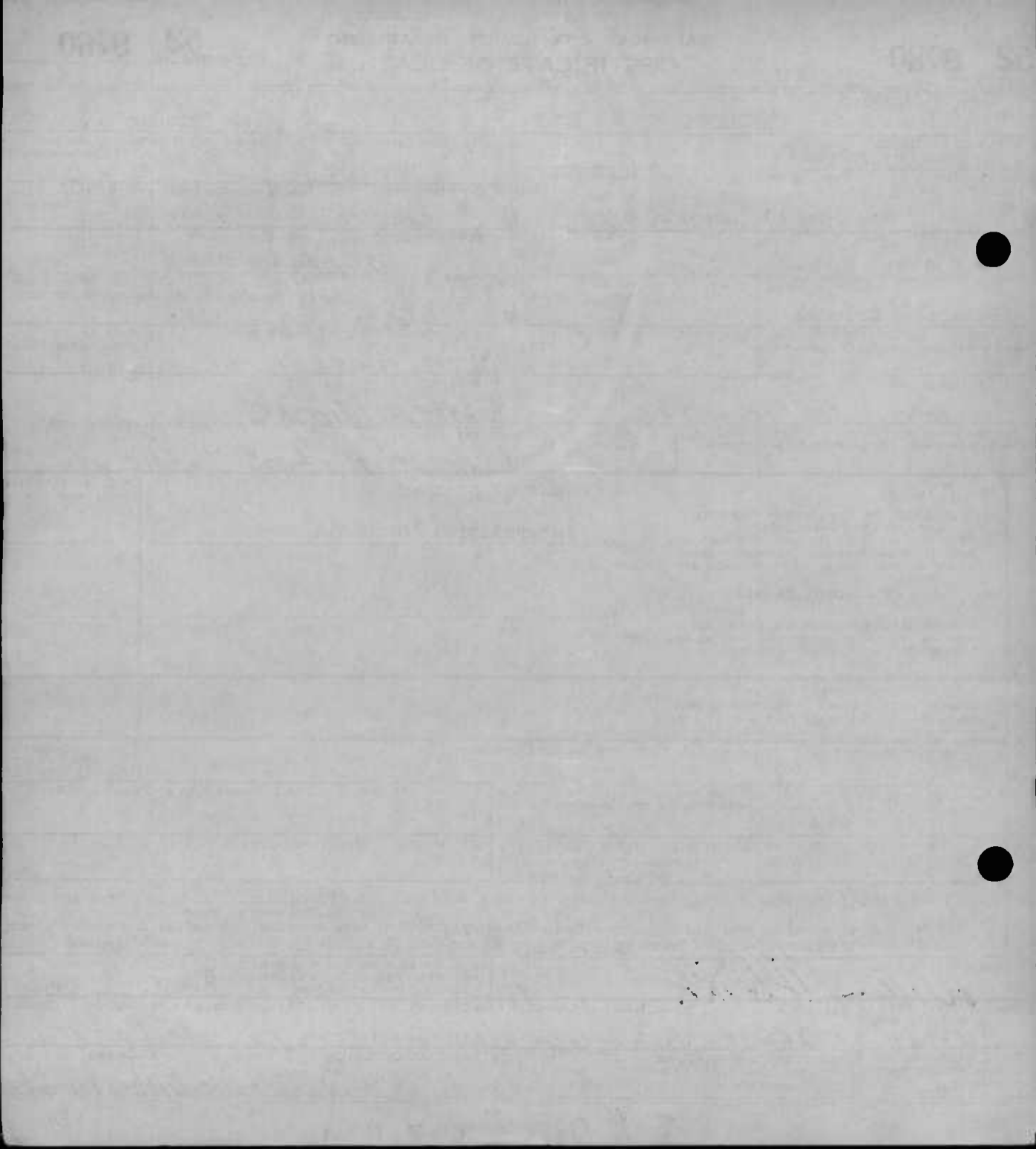
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William Williams		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Oct. 22, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-26-1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR OCT 26 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24D. LOCATION (City, town, or county) (State) Anne Arundel Co. Md.	
VS 151		25. FUNERAL DIRECTOR Randolph J. Collick		ADDRESS 1426 E. Preston St.	

MEDICAL CERTIFICATION

520209754



22
52 9761BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9761
Registered No.

1. NAME OF DECEASED (Type or Print)		CARSON FERGUSON		2. DATE OF DEATH Oct. 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01	
C. Length of stay in Baltimore 12 yrs.				D. STREET ADDRESS (If rural, give location) 7 N. Eaton Street Eden	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-30-1914	9. AGE (In years last birthday) 38
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				11. BIRTHPLACE (State or foreign country) Danville Virginia	
10B. KIND OF BUSINESS OR INDUSTRY Construction				12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Lee Wallace Ferguson				14. MOTHER'S MAIDEN NAME Virgie Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Freddie Ferguson 7 N. Eden St.	

18. 430.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Vegetative endocarditis DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. E. Fisher		23B. CHIEF MEDICAL EXAMINER M.D.		23C. DATE SIGNED Oct. 24, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped		24B. DATE 10-26-1952		24C. NAME OF CEMETERY OR CREMATORY Coleman & Adams Cemetery	
24D. LOCATION (City, town, or county) Danville, Virginia		24E. FUNERAL DIRECTOR Huntington Williams, M. Randolph J. Collick		24F. ADDRESS 1412 E. Preston St.	

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52 9762BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 9762

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LOLA M. RUSSELL

2. DATE
OF
DEATH

10-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

13

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

own home

13. FATHER'S NAME

Nelson Stenbury

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

July 16-1879

9. AGE (In years
last birthday)

73

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Aby Brummell

17. INFORMANT

ADDRESS

Ruth W. Russell, Reisterstown, Md.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive-arteriosclerotic CVD

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial infarction - old

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-12-52, 1952, to 10-25, 1952, that I last saw the
deceased alive on 10-25, 1952, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Donald A. Waller

M. D.

23B. ADDRESS

University hospital

23C. DATE SIGNED

10-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 28/52

24C. NAME OF CEMETERY OR CREMATORY

Arlington Cem.

24D. LOCATION (City, town, or county)

Reisterstown, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Edw C Tipton

ADDRESS

Hampstead

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
DATE OF BIRTH		PLACE OF BIRTH		MARRIAGE		OCCUPATION		EDUCATION		RELIGION	
CAUSE OF DEATH		MANNER OF DEATH		PERIOD OF ILLNESS		PREVIOUS ILLNESS		PREVIOUS SURGERY		PREVIOUS TRAUMA	
SIGNATURE OF PHYSICIAN		SIGNATURE OF WITNESS		SIGNATURE OF DECEASED		SIGNATURE OF NEXT OF KIN		SIGNATURE OF CLERK		SIGNATURE OF REGISTRAR	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	
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52 9763

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9763
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Florence Bonles Bresee

2. DATE
OF
DEATH

Oct 24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

at home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

60 yrs.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Lymphoid Leukemia (chronic)

3 2/3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1949, to October 24, 1952, that I last saw the
deceased alive on October 22, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

W. Grafton Hersberger

M. D.

214 Medical Arts Building

10/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1952

Huntington Williams

Stewart Moore Co. Balto.

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CONFIDENTIAL - SECURITY INFORMATION

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52 9764

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9764

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL MARKS

2. DATE
OF
DEATH

10/25/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3774 COLUMBUS DRIVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 15-11

D. STREET ADDRESS (If rural, give location)

3774 COLUMBUS DRIVE

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 4, 1906

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

JOBBER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO. MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JACOB MARKS

14. MOTHER'S MAIDEN NAME

BESSIE ROSE MARKS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ROSE MARKS - 3774 COLUMBUS DR.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute Myocardial infarction
coronary artery sclerosis

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 10/18, 1952, to 10/25, 1952, that I last saw the
deceased alive on 10/25, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1952

Huntington Williams, M.D. & Son Inc. - 2100 E. E. Pl.

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2320 Entwistle

MAILED
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SECOND
CLASS

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52 9765

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9765

1. NAME OF DECEASED (Type or Print) Minnie		2. DATE OF DEATH October 24 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 3832 Cottage Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-12	
6. Length of stay in Baltimore 40 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3832 Cottage Avenue	
7. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 60
9. AGE (In years last birthday) 60		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Rubin Greenstein		14. MOTHER'S MAIDEN NAME Lena	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Reba Kadis - 3832 Cottage Ave		ADDRESS	
18. 241X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRONCHIAL ASTHMA DUE TO (A) ALLERGIC SENSITIVITY DUE TO (B) 33 years DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. MYOCARDIAL FAILURE		3 DAYS	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from September 16, 1947 , to October 24, 1952 , that I last saw the deceased alive on Oct 23, 1952 , and that death occurred at 11:05 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Melvin N. Bowden		23B. ADDRESS 5000 Old Frederick Road	
23C. DATE SIGNED 10/24/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/26/1952	
24C. NAME OF CEMETERY OR CREMATORY Herring Run		24D. LOCATION (City, town, or county) (State) Balt Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 26 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR 2100 Eutaw Pl		ADDRESS	

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THE BUREAU OF HEALTH INVESTIGATION
DEPARTMENT OF HEALTH

REPORT OF THE BUREAU OF HEALTH INVESTIGATION

ON THE

PROGRESS OF THE

WORK OF THE

BUREAU OF HEALTH INVESTIGATION

FOR THE YEAR

1917

BY

THE BUREAU OF HEALTH INVESTIGATION

DEPARTMENT OF HEALTH

WASHINGTON, D. C.

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U. S. GOVERNMENT PRINTING OFFICE

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52 9766

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9766

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sr. M. Corona Josephine Rieger

2. DATE
OF

DEATH October 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 901 Aisquith

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

901 Aisquith

Convent of Notre Dame

C. Length of stay in Baltimore 6 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 15, 1870

9. AGE (In years
last birthday)

82

10. Under 1 Year
Months Days

9

10

11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

Religious

11. BIRTHPLACE (State or foreign country)

Rochester N.Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Rieger

14. MOTHER'S MAIDEN NAME

Cecilia Weimann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sr. M. Stan. Kostka 901 Aisquith Street

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Pulmonary edema
DUE TO

96 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Pneumonia
DUE TO

6 mos

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Squamous cell Ca. of rectum
DUE TO

18 mos

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22A. TIME (Month) (Day) (Year) (Hour)
INJURY

22E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1952, to October 25, 1952, that I last saw the
deceased alive on October 20, 1952, and that death occurred at 6:15 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

10-27-52

VILLA MARIA CEM.

NOTCH CLIFF NRTOWSON, MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1952

Huntington Williams M.D.

Charles S. Gailer

901 S. CONKLING ST
BALTO, MD.

VS 150

952000

MEDICAL CERTIFICATION

0363

55

RECEIVED BY THE DEPT. OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

1914

TO THE SECRETARY OF THE ARMY
FROM THE ADJUTANT GENERAL
SUBJECT: [Illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or official communication.]

132

52 9767

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9767

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Augusta L. Holtz</i>		2. DATE OF DEATH <i>Oct 23 - 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>3425 Falls Road</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Reisterstown</i>			
C. Length of stay in Baltimore <i>3 dys</i>		D. STREET ADDRESS (If rural, give location) <i>31 Hanover Road 5300</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Nov. 9 - 1879</i>	9. AGE (in years last birthday) <i>72</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME <i>Robert L. Holland</i>		14. MOTHER'S MAIDEN NAME <i>Annie Williamson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>Robert Holtz 31 Hanover Road Reisterstown Md.</i>	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Cerebral hemorrhage</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>36 hrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>hypertension</i> DUE TO		(C) <i>arteriosclerosis</i>	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>✓</i>					
19A. DATE OF OPERATION <i>10-23-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>✓</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>✓</i>	
21D. TIME (Month) (Day) (Year) (Hour) <i>✓</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>✓</i>	
22. I hereby certify that I attended the deceased from <i>1-1-30</i> , to <i>10-23-52</i> , that I last saw the deceased alive on <i>10-22-52</i> , and that death occurred at <i>10:10 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Annie L. Holtz</i>		23B. ADDRESS <i>Reisterstown Md.</i>		23C. DATE SIGNED <i>10-24-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct 27-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>David Ridge</i>	
24D. LOCATION (City, town, or county) <i>Baltimore Md.</i>		24E. LOCATION (State) <i>Md.</i>		24F. LOCATION (City, town, or county) <i>Baltimore Md.</i>	
25. FUNERAL DIRECTOR <i>Frank A. Seitz 814 N. 36 St.</i>		25. FUNERAL DIRECTOR <i>Frank A. Seitz 814 N. 36 St.</i>		25. FUNERAL DIRECTOR <i>Frank A. Seitz 814 N. 36 St.</i>	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NEW YORK
JAN 1 1900

CERTIFICATE OF DEATH

1. Name of deceased
2. Sex
3. Age
4. Date of death
5. Place of death
6. Cause of death
7. Signature of physician
8. Signature of registrar

300
52 9768BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9768

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Estella B. White

2. DATE
OF
DEATH

Oct. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5234 Senmore Ave

C. Length of stay in Baltimore

27 yrs.

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

13. FATHER'S NAME

John Lee

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
to township)

Baltimore 27-18

D. STREET ADDRESS (If rural, give location)

5234 Senmore Ave

8. DATE OF BIRTH

Sept. 16, 1884

9. AGE (in years
last birthday)

68

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Ingren, Ind.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Rebecca Parkes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL
SECURITY NO.

Mrs. Estella Jackson

18. 420.0

CAUSE OF DEATH

Arterio-sclerotic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

3 yrs

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from
deceased alive on Oct 21, 1952, and that death occurred at 11:45 m., from the causes and on the date stated above.

23A. SIGNATURE

John E. Bluck

M. D.

23B. ADDRESS

535C Reisterstown Rd

23C. DATE SIGNED

10/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Lukes

24D. LOCATION (City, town, or county) (State)

Reisterstown, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1631 Druid Hill Ave

ADDRESS

Funeral Home

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness		16. Signature of witness	
17. Signature of witness		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Signature of witness		22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness		28. Signature of witness	
29. Signature of witness		30. Signature of witness		31. Signature of witness		32. Signature of witness	
33. Signature of witness		34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Signature of witness		42. Signature of witness		43. Signature of witness		44. Signature of witness	
45. Signature of witness		46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness		52. Signature of witness	
53. Signature of witness		54. Signature of witness		55. Signature of witness		56. Signature of witness	
57. Signature of witness		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness		64. Signature of witness	
65. Signature of witness		66. Signature of witness		67. Signature of witness		68. Signature of witness	
69. Signature of witness		70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness		76. Signature of witness	
77. Signature of witness		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Signature of witness		82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness		88. Signature of witness	
89. Signature of witness		90. Signature of witness		91. Signature of witness		92. Signature of witness	
93. Signature of witness		94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness		100. Signature of witness	

4152

52 9769

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9769
Registered No.

BIRTH NO. 92-26430

1. NAME OF DECEASED
(Type or Print)

BABY BOY DOWLING

2. DATE
OF
DEATH

Oct. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bum Secours Hosp

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

GEORGE ROBERT DOWLING

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Oct. 25, 1952.

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

ELIZABETH LEE SEITZ

17. INFORMANT

ADDRESS

Hospital records

18. 761.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Prematurity
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Premature Separation of Placenta
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 25, 1952, to Oct. 25, 1952, that I last saw the
deceased alive on Oct. 25, 1952, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

Oct. 27, 1952

Mount Marie

Towson, Balto. County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1952

Huntington Williams M.D. Vernon Lemon

4611 Park Heights A

VS 150

9520009763

MEDICAL CERTIFICATION

Page 32

THEATRE THEATRE OF THE 19th CENTURY
CENTRE OF THE CITY

Page 32

620

52 9770

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9770

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Elizabeth Harris

2. DATE
OF
DEATH

Oct. 24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

AVE

4718 Dunkirk Rd.

Md.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4718 Dunkirk Rd.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 10, 1883

9. AGE (In years last birthday)

69

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Corwell

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Hood, 4718 Dunkirk Rd.

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of cervix

11/1/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

none

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19__ to __, 19__, that I last saw the deceased alive on 10/14, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 27/52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Memorial Pk. Dorsey, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1952

Huntington Williams, M.D. Harry H. Witzke 101 Edmondson Ave.

VS 150

9520009764

MEDICAL CERTIFICATION

RECEIVED BY THE
OFFICE OF THE
ATTORNEY GENERAL

1900

STATE OF NEW YORK

IN SENATE,
January 1, 1900.
REPORT
OF THE
COMMISSIONER OF THE
LAND OFFICE,
IN RESPONSE TO A
RESOLUTION PASSED
BY THE SENATE,
MAY 1, 1899.

ALBANY:
J. B. LIPPINCOTT & CO.,
PRINTERS,
1899.

40
52 9771

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9771
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MICHAEL ROUBAL		10-23-1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 215 N. DUNCAN ST		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 6-03	
7. Length of stay in Baltimore Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) 215 N. DUNCAN ST	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 27, 1884
9. AGE (In years last birthday) 68		10. Under 1 Year Months Days	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		11. BIRTHPLACE (State or foreign country) BOHEMIA	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME VACLAV ROBAL	
14. MOTHER'S MAIDEN NAME VERONICA VOLEK		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO	
16. SOCIAL SECURITY NO. 220-01-5236		17. INFORMANT ADDRESS ALBINA ROUBAL 215 N. DUNCAN ST	
18. 163X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Carcinoma of Lung INTERVAL BETWEEN ONSET AND DEATH 6 mos			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) INJURY		21F. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
22. I hereby certify that I attended the deceased from May 8, 1952, to Oct 23, 1952 that I last saw the deceased alive on Oct 22, 1952, and that death occurred at 7 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Joseph Pokorny		23B. ADDRESS 2200 E Madison St	
23C. DATE SIGNED 10/25/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 10-27-1952	
24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER		24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
DATE RECEIVED BY LOCAL REGISTRAR OCT 26 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR FR. CVACH & SON		ADDRESS 900 N. CHESTER ST	

MEDICAL CERTIFICATION

9 592 0470 9 7 6 5

1951

CERTIFICATE OF DEATH

1951

NAME OF DECEASED
DATE OF BIRTH
PLACE OF BIRTH
DATE OF DEATH
PLACE OF DEATH

SEX
MARRIAGE
OCCUPATION
CAUSE OF DEATH

DATE OF BURIAL
PLACE OF BURIAL
NAME OF FUNERAL HOME
NAME OF MINISTER

NAME OF WITNESS
NAME OF WITNESS
NAME OF WITNESS
NAME OF WITNESS

NAME OF WITNESS
NAME OF WITNESS
NAME OF WITNESS
NAME OF WITNESS

NAME OF WITNESS
NAME OF WITNESS
NAME OF WITNESS
NAME OF WITNESS

520

52 9772

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9772

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Beverly ANN Simms

2. DATE
OF
DEATH

10-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

U.H.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8309 Dalesford Rd.

c. Length of stay in Baltimore

7

Year
Mos.
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female

white

SINGLE

8. DATE OF BIRTH

8-14-45

9. AGE (In years, last birthday)

7

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

student

10B. KIND OF BUSINESS OR INDUSTRY

student

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Simms

14. MOTHER'S MAIDEN NAME

Albina Sonsin vage

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Father

1B. 204.3

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute leukemia relapse

24 hrs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-23 1952, to 10-24 1952, that I last saw the deceased alive on 10-24 1952, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT 27-1952

24C. NAME OF CEMETERY OR CREMATORY

PARK WOOD

24D. LOCATION (City, town, or county)

PARKVILLE MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1952

Huntington Williams, M.D.

WILLIAMS FUNERAL HOME 2008 ORLEANS ST

VS 150

520 9772

52 9773

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 9773
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
JOSEPH HYNSON		Oct. 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
1619 E. Oliver Street		Baltimore	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days		1619 E. Oliver Street	
7. SEX	8. COLOR OR RACE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH
M	W	Married	Feb. 4, 1895
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (in years last birthday)	
Shipping Clerk		57	
13. FATHER'S NAME		14. BIRTHPLACE (State or foreign country)	
James Hynson		Baltimore, Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY?	
es WW1		USA	
17. SOCIAL SECURITY NO.		18. INFORMANT	
		1619 E. Oliver Street 13 Mrs. Hattie Hynson	

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Carcinoma pharynx		4 mm	
ANTECEDENT CAUSES		(B) DUE TO		unknown	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
C. INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 604, 1952, to 22 Oct, 1952, that I last saw the deceased alive on 22 Oct, 1952, and that death occurred at 11:55 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Hynson		1513 N. Market Ave		23 Oct 52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
burial		10/ /52		Baltimore National Cem. Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
OCT 26 1952		Huntington Williams, M.D.		HENRY SANDER & SONS, INC. BALTO., 13, MD.	
VS 150 9 5 2 0424A 7 6 7					

1952-53

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE ASSISTANT SECRETARY

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52 9774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 9774
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **CHARLES H. NELSON** 2. DATE OF DEATH **OCT 25 1952**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **md** B. COUNTY **20-01**

B. FULL NAME OF HOSPITAL OR INSTITUTION **1947 PENROSE AVE** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **BALTIMORE**

C. Length of stay in Baltimore **LIFE** D. STREET ADDRESS (If rural, give location) **1947 PENROSE AVE**

5. SEX **MALE** 6. COLOR OF RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **Nov 20 1869** 9. AGE in years last birthday **82** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **MACHINIST-RET.** 10B. KIND OF BUSINESS OR INDUSTRY **B.O.P.A.** 11. BIRTHPLACE (State or foreign country) **BALTIMORE MD** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **CHARLES NELSON** 14. MOTHER'S MAIDEN NAME **HELEN DAVIS**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **NO** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT **CATHERINE A. NELSON** ADDRESS **1947 PENROSE AVE**

18. **177X** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH **Cachexia - Malnutrition** DUE TO **Cerebral Palsy** DUE TO **Metastasis (Brain)** DUE TO **Metastasis (Brain)** ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. INTERVAL BETWEEN ONSET AND DEATH **3 mo.** **5 yrs.** **2 yrs.**

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/3/1950**, to **10/24/1952**, that I last saw the deceased alive on **10/23/1952** and that death occurred at **330A. m.**, from the causes and on the date stated above.

23A. SIGNATURE **[Signature]** 23B. ADDRESS **1933 W. Bess St** 23C. DATE SIGNED **10/24/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Buried** 24B. DATE **10/28/52** 24C. NAME OF CEMETERY OR CREMATORY **New Cathedral** 24D. LOCATION (City, town, or county) (State) **Balto Md**

DATE RECEIVED BY LOCAL REGISTRAR **OCT 27 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Loft & B. M. Walters** ADDRESS **Pratt & Stricker St**

1950 98

1950 98

1950



322
52 9775BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9775
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Charlotte S. Hitchcock</i>		2. DATE OF DEATH <i>Oct 26 / 52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Balto.</i>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Pine Ridge Nursing Home</i> <i>4703 Hampden Ave</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Towson</i>	
c. Length of stay in Baltimore ? Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>502 Fairmount Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Mar 12 1869</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>✓</i>	9. AGE (In years last birthday) <i>83</i>
11. BIRTHPLACE (State or foreign country) <i>Black Rock Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>	
13. FATHER'S NAME <i>Noah Wisner</i>		14. MOTHER'S MAIDEN NAME <i>Catherine Harris</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>✓</i>	
17. INFORMANT <i>Mrs John B. Fuller</i>		ADDRESS <i>506 Virginia Ave Towson</i>	
18. <i>154 X</i> CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Carcinoma of Rectum</i> DUE TO			
ANTECEDENT CAUSES (B) _____ DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>March 1, 1952</i> to <i>10/26, 1952</i> that I last saw the deceased alive on <i>10/26, 1952</i> , and that death occurred at <i>10 a. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Thelma Golley</i>		23b. ADDRESS <i>5703 Maple Rd</i>	
23c. DATE SIGNED <i>10/27/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Oct 29 1952</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>St Paul's Methodist</i>		24d. LOCATION (City, town, or county) (State) <i>in Md near Fawn's Grove Pa</i>	
25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>Hankins & Sons Co 4905 York Rd</i>	

Dr. Golley
5103 Hartford Ave

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 9776

1. NAME OF DECEASED Type or Print) <u>Watsic, George Louis</u>		2. DATE OF DEATH <u>October 26, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Joseph's Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
6. Length of stay in Baltimore <u>2 da.</u>		D. STREET ADDRESS (If rural, give location) <u>1527 N. Patterson Park Ave.</u>	
7. SEX <u>M.</u>	8. COLOR OR RACE <u>W.</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	10. DATE OF BIRTH <u>October 25, 1952</u>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		12. AGE (in years last birthday) <u>2</u> Months: Days: Hours: Min.	
13. FATHER'S NAME <u>George Eccless Watsic</u>		14. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? <u>2</u>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <u>Rita McDonough</u>	
19. INFORMANT <u>George Watsic</u>		20. ADDRESS <u>1527 N. Patterson Park Ave.</u>	

18. <u>762.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Atelectasis of the Newborn.</u> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from October 25, 1952 to October 26, 1952, that I last saw the deceased alive on Oct. 26, 1952 and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>J. M. Krager</u>	23B. ADDRESS <u>1100 N. Caroline St.</u>	23C. DATE SIGNED <u>Oct. 26, 1952</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>10-27-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	24D. LOCATION (City, town, or county) (State) <u>Belair Road - Balto. Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 27 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR ADDRESS <u>John C. Miller Inc. - 2435 E. Oliver St.</u>	

1520009770

MEDICAL CERTIFICATION

1948

STATE OF NEW YORK

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52 9777

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9777
Registered No.1. NAME OF DECEASED
(Type or Print)

Alice Beall

2. DATE
OF
DEATH

10-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

2802 Rainier Ave

Yrs.
Mos.
Days

Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Cornelius L. H. Leary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

None

8. DATE OF BIRTH

Apr 2-1885

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Rebecca F Horton

17. INFORMANT

Lawrence B. Leary-3918 Bateman Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....

10-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9778
Registered No.

2 9778

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles M^s Neal		2. DATE OF DEATH 10-25-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-05	
D. STREET ADDRESS (If rural, give location) 2686 Dulaney Street		Yrs. Mos. Days	
5. SEX M.		6. COLOR OR RACE W.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH Mar 23-1880	
9. AGE (In years last birthday) 72		10. UNDER 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Andrew T Macneal		14. MOTHER'S MAIDEN NAME Elizabeth Prince	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No.	
17. INFORMANT Atta Macneal		ADDRESS 2686 Dulaney St	

18. **422.1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Arteriosclerotic Cardiovascular Disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. Cook		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/>		23C. DATE SIGNED 10-26-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/29/52		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE MD		24F. MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>	

25. FUNERAL DIRECTOR Wm Cook Inc		25A. ADDRESS 1217 St Paul St Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR 10/27/52		REGISTRAR'S SIGNATURE Huntington Williams, MD	

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1. 24. 20-42

1st year group

1st year group

1st year group

1st year group

1st year group

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52 9779

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 9779

Registered No.

1. NAME OF DECEASED (Type or Print)

MR. HENRY MOORE HODGKINS

2. DATE OF DEATH

10-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 9-03

C. Length of stay in Baltimore

LIFE

Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

802 VENABLE AVE. (Balto. 18)

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JAN. 23, 1911

9. AGE (In years last birthday)

41

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GLENN L. MARTIN CO AIRPLANES

10B. KIND OF BUSINESS OR INDUSTRY

INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

HAMLET DUVALL HODGKINS (M)

14. MOTHER'S MAIDEN NAME

EVA McVEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MRS EVA HODGKINS SAME

18. 780.2

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CEREBRAL DAMAGE

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CONVULSIVE SEIZURES

ORIGIN UNKNOWN

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24 1952 to 10-25, 1952 that I last saw the deceased alive on 10-25, 1952, and that death occurred at 5:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Waverly W. Wuybacher

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

10-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

Burial

10/27/52

Moreland Park

Parkville Md.

4/21/53

Huntington Williams, M.D.

4th Cook Inc 1217 St. Paul St

VS 150

952069237773

MEDICAL CERTIFICATION

36 CERTIFICATE CORRECTED 10-28-52 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 9780

52 9780
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMMA (CHRISTINE) AUSTRA			2. DATE OF DEATH October 15, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1931 E. Fairmount Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-04		
D. STREET ADDRESS (If rural, give location) 1931 E. Fairmount Avenue			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH April 23, 1907		9. AGE (In years last birthday) 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10B. KIND OF BUSINESS OR INDUSTRY REST.	11. BIRTHPLACE (State or foreign country) Allentown, Pennsylvania		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Rudolph Mulzet			14. MOTHER'S MAIDEN NAME Theresa Stranzl		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Florence Mullins, 400 Alabama Road		

18. 581.0 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Cirrhosis of liver DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

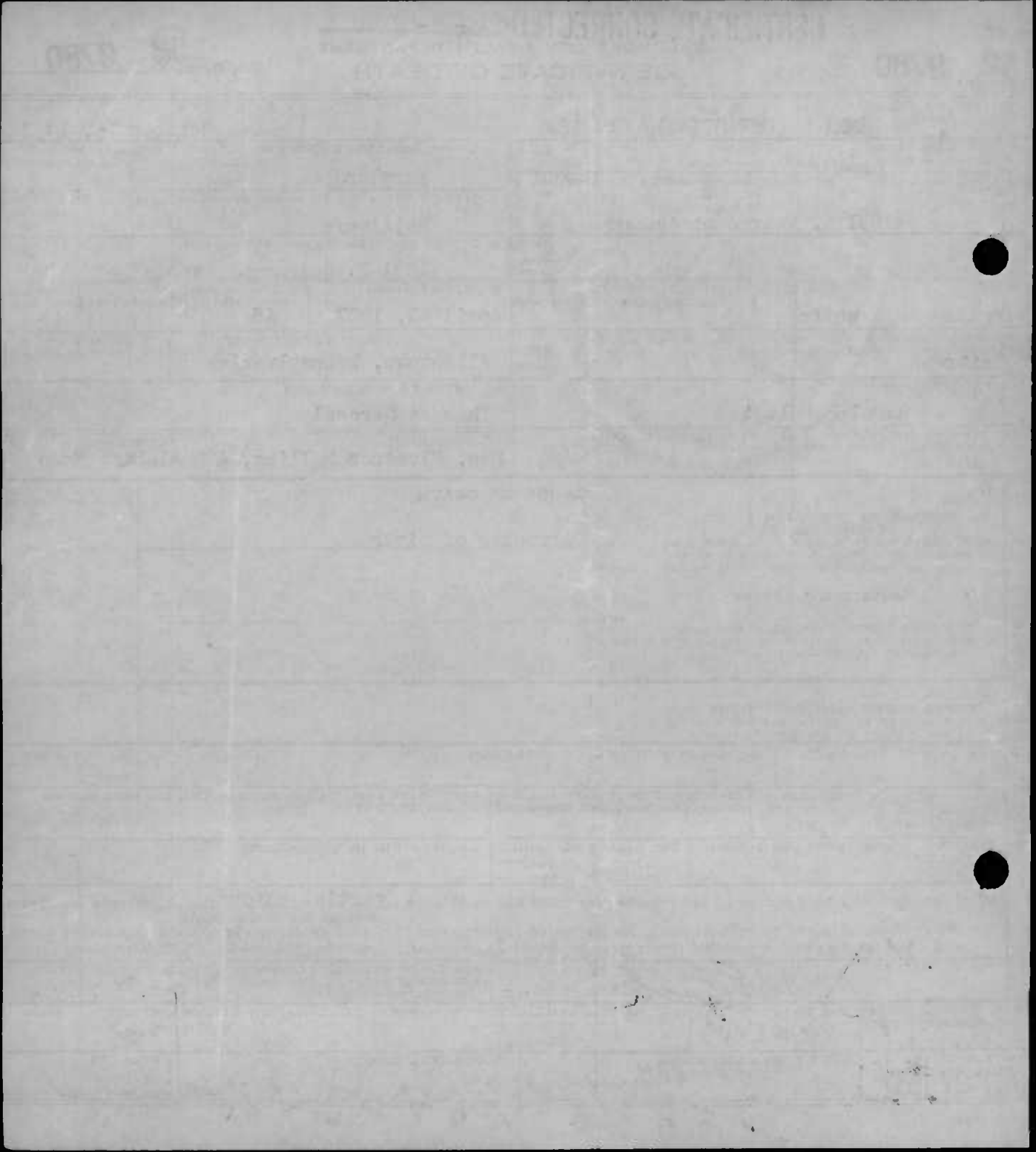
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE J. V. Fisher		23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23c. DATE SIGNED Oct. 16, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/28/52	24C. NAME OF CEMETERY OR CREMATORY Balto.	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR OCT 27 1952		25. FUNERAL DIRECTOR ADDRESS Wm Cook, Inc. 1217 St. Paul St.	

9 5 2 784 GMP 7





110

52 9781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9781

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wolf, CARRIE

2. DATE
OF
DEATH

Oct. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square hosp.

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid.

8A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

9. FATHER'S NAME

Henry Mocken

5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(es, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

1/9/1901

9. AGE (In years
last birthday)

51

11 Under 1 Year
Months Days12 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Lena Mumbarger

17. INFORMANT

ADDRESS

Ruth Vincent 2040 Hollins St.

18. 600.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

PYELO NEPHRITIS
WITH TERMINAL
URAEMLIA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19, 1952, to 10-24, 1952, that I last saw the
deceased alive on 10-24, 1952, and that death occurred at 9-55 PM, from the causes and on the date stated above.

23A. SIGNATURE

J. Chan

M. D.

23B. ADDRESS

Franklin Square

23C. DATE SIGNED
10-24-524A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/28/52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul St.

VS 150

9520009775

1210-81

BY DAVID G. ...
117-100-100-100-100

1212-81

52 9782

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9782
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAVINIA ANN CROSBY (Roux)

2. DATE
OF
DEATH

Oct. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5715 Osprey Circle

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-30-25

9. AGE (In years
last birthday)

26

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Presser

10B. KIND OF BUSINESS OR
INDUSTRY

Cleaning Plant

11. BIRTHPLACE (State or foreign country)

Kilmarnock, Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Berkley Segar

14. MOTHER'S MAIDEN NAME

Beatrice Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Jones - R3300 - RFD Elkridge 27, Md.

18. E 981X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

Exsanguination

(A)

DUE TO Shotgun wound of chest and abdomen

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

5715 Osprey Circle

21D. TIME (Month) (Day) (Year) (Hour)

Oct. 24, 1952 9:00 A.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, ☒ undetermined ☐.

23A. SIGNATURE

P. H. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Oct. 24, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/2/52

24C. NAME OF CEMETERY OR CREMATORY

Old St. Johns

24D. LOCATION (City, town, or county)

Kilmarnock, Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles R. Law - 802 Madison Ave.

VS 151 N 862.4

5 648 80 9 7 7 6

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9783

Registered No.

52 9783

BIRTH NO. 52-12348

1. NAME OF DECEASED
(Type or Print)

JOHN T. WOODS, Jr.

2. DATE
OF
DEATH

October 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

515 N. Fremont Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6-1-52

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

4

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Thomas Woods, Sr.

14. MOTHER'S MAIDEN NAME

Jean Wilson Woods

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Jean W. Woods - 515 N. Fremont Ave.

18. 772.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Malnutrition

DUE TO prematurity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. J. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐23C. DATE SIGNED
Oct. 24, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10/27/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Charles A. Law - 802 Madison Ave.

OCT 27 1952

22

52 9784

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9784

1. NAME OF DECEASED (Type or Print)		PATRICIA E. KOWALSKI (KOWALEWSKI)		2. DATE OF DEATH October 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-02			
D. STREET ADDRESS (If rural, give location) 503 Fremont Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 10/20/35	9. AGE (In years last birthday) 17	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTIMORE	
13. FATHER'S NAME JOSEPH F.		14. MOTHER'S MAIDEN NAME ELIZABETH LINDEMAN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS FAMILY - SAME	

18. E 812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Skull fracture NEXT (B) Subdural hemorrhage NEXT (C) Contusion of brain		INTERVAL BETWEEN ONSET AND DEATH	
---	--	---	--	----------------------------------	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Light and Hamburg Streets 22/1	
21D. TIME (Month) (Day) (Year) (Hour) Oct. 23, 1952 10:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William W. Hunt		M.D. 23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Oct. 25, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 10/28/52		24C. NAME OF CEMETERY OR CREMATORY HOLY CROSS	
24D. LOCATION (City, town, or county) BALTO.		25. FUNERAL DIRECTOR ADDRESS Names L. McCully - 130 E. Fort Ave.			
DATE RECEIVED BY OCT 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

VS 151 N803.2

9770

✓

1880

83

1881

84

Oct. 1. 1881.
Ed. 1/10/81

20		BALTIMORE CITY HEALTH DEPARTMENT		52 9785	
52 9785		CERTIFICATE OF DEATH		Registered No. 52 9785	
BIRTH NO. 50-15666					
1. NAME OF DECEASED (Type or Print)		JOHNE. NORRIS		2. DATE OF DEATH Oct. 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE Maryland		B. COUNTY Baltimore	
C. HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-04			
D. Length of stay in Baltimore Six Birth		E. STREET ADDRESS (If rural, give location) 1745 Jackson St.			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH July 30, 1950		9. AGE (in years last birthday) 2 years		If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME James Norris		14. MOTHER'S MAIDEN NAME Josephine M. Hoffman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Family - Same	
18. 550.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Chronic Recurrent Intestinal Obstruction (B) Ruptured Cecum in neo natal period (C)		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 3 mo	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 10/24/52		19B. MAJOR FINDINGS OF OPERATION CHRONIC RECURRENT INTUSSUSCEPTION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from September, 1950, to Oct 25, 1952, that I last saw the deceased alive on Oct. 25, 1952 and that death occurred at 8:35 p.m., from the causes and on the date stated above.					
23A. SIGNATURE W. W. Conway		23B. ADDRESS South Baltimore Genl Hosp		23C. DATE SIGNED Oct 25, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) D.		24B. DATE 10.27.52		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. NAME OF CEMETERY OR CREMATORY Holy Cross		24F. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR OCT 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 302 S. Paul Ave.	
VS 150					

200

1

STATE OF NEW YORK

1900

IN SENATE

JANUARY

1900

REPORT

OF THE

COMMISSIONERS

OF THE

LAND OFFICE

FOR THE

YEAR

1899

AND

1900

100

DAVIE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9786

Registered No.

52 9786

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Henry F. Davie</i>			2. DATE OF DEATH <i>10/24/62</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Lutheran Hospital of Md.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-04</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>8553 Third ST #25</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>1/7/94</i>		9. AGE (In years, last birthday) <i>58</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Restaurant owner</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <i>Pennsylvania</i>
13. FATHER'S NAME <i>Henry</i>			14. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		17. INFORMANT <i>Julia V. Davie</i>
			ADDRESS <i>3553 Third St #25</i>		

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Acute Heart Failure</i>		DUE TO		<i>Nov. 1951</i>	
(B) <i>Aortic stenosis</i>		DUE TO		<i>to Oct. 24 1952</i>	
(C) <i>Arteriosclerotic heart disease</i>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/22 1952</i> to <i>10/24 1952</i> , that I last saw the deceased alive on <i>10/24 1952</i> , and that death occurred at <i>4:35 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>August Soosaer</i>		23B. ADDRESS <i>M. D. Luth. Hosp. of Md.</i>		23C. DATE SIGNED <i>10/24/52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>B</i>		24B. DATE <i>10-28-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green Hill</i>		24D. LOCATION (City, town, or county) (State) <i>Bach</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 27 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Go. L. & Co.</i>		ADDRESS <i>1309 E. Baltimore Ave.</i>	

29069

1309 E. Baltimore Ave.

8880

88

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

8880

1. Name of deceased: _____

2. Sex: _____

3. Age: _____

4. Date of birth: _____

5. Place of birth: _____

6. Date of death: _____

7. Time of death: _____

8. Cause of death: _____

9. Manner of death: _____

10. Signature of physician: _____

11. Signature of registrar: _____

12. Signature of informant: _____

13. Signature of medical examiner: _____

14. Signature of coroner: _____

15. Signature of jury: _____

16. Signature of witnesses: _____

17. Signature of family: _____

18. Signature of neighbors: _____

19. Signature of community: _____

20. Signature of state: _____

21. Signature of federal: _____

22. Signature of international: _____

23. Signature of universal: _____

24. Signature of eternal: _____

25. Signature of infinite: _____

26. Signature of immortal: _____

27. Signature of everlasting: _____

28. Signature of perpetual: _____

29. Signature of eternal: _____

52 9787

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9787

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM FRANKLIN

2. DATE
OF
DEATH

10/25/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md

A.A.

5. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Glass Blower

Glass Blower

3. FATHER'S NAME

Wm FRANKLIN

5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(es, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.0
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) Acute Pulmonary Edema

2 1/2 hrs

ANTECEDENT CAUSES

(B) Acute Coroner Dehydration

?

DUE TO

(C) Arteriosclerotic Heart Disease

?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Sensitization

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24, 1952, to 10/25, 1952, that I last saw the
deceased alive on 10/25, 1952, and that death occurred at 11:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 27 1952

Huntington Williams, M.D. John J. Cowan & Son Hollins

VS 150

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NAUMANN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

9788

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1952, to Oct 25, 1952, that I last saw the deceased alive on , 19 , and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

VS 150

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NAUMANN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

9788

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1952, to Oct 25, 1952, that I last saw the deceased alive on , 19 , and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

VS 150

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OFFICE OF THE SECRETARY OF DEFENSE

CONFIDENTIAL

21

52 9789
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9789

1. NAME OF DECEASED (Type or Print) Albert Van Skiver Jr		2. DATE OF DEATH 10-25-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD COUNTY X	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2429 Willgrey Court		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 25-33	
D. STREET ADDRESS (If rural, give location) 2419 KIRM V CT		E. LENGTH OF STAY IN BALTIMORE LIFETIME	
5. SEX M.	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, MARRIED (If divorced, specify)	8. DATE OF BIRTH 10/22/18
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10B. KIND OF BUSINESS OR INDUSTRY RITZ & CO	9. AGE (In years, not by day) 34
13. FATHER'S NAME ALBERT VAN SKIVER-SR.		11. BIRTHPLACE (State or foreign country) BALTO	
14. MOTHER'S MAIDEN NAME MYRTLE CARSON		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT EDITH VAN SKIVER		ADDRESS 2419 KERM V CT	

18. 401.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Mitral Stenosis Rheumatic Heart Disease (B) Coronary Embolus Vegetative endocarditis (C) Vegetative endocarditis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Borch		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 10-26-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 10/28/52		24C. NAME OF CEMETERY OR CREMATORY NEW NAT. CEMETERY	
24D. LOCATION (City, town, or county) (State) TREW AVE		24E. DATE RECEIVED BY LOCAL REGISTRAR OCT 27 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR GEORGE LEIMBACH		24H. ADDRESS 525 N. LYNDALE		VS 151 68349 9703	

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52 9790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9790

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Agnes M. Lefkowitz

2. DATE
OF
DEATH

Oct 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

518 Wyeth St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

21-02

6. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

518 Wyeth St

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Female

White

Married

8. DATE OF BIRTH

July 3, 1914

9. AGE (In years
last birthday)

38

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Balt

12. CITIZEN OF
WHAT COUNTRY?

U-S

13. FATHER'S NAME

Harry W. Price

14. MOTHER'S MAIDEN NAME

Anna D. Kahl

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Louise M. Perry 518 Wyeth St

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Rheumatic Heart Disease

Eyes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 16, 1952, to Oct 25, 1952, that I last saw the
deceased alive on Oct 24, 1952, and that death occurred at 11:52 a.m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Unbeck, Jr.

23B. ADDRESS

M. D.

1227 Waverly Blvd

23C. DATE SIGNED

10-16-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Buried

Oct 29/52

Holy Cross

A. A. C.

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 27 1952

Huntington Williams, M.D.

J. Howard Evans 1400 St Charles St

VS 150

520509784

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

8-30

PLANT		COUNTRY		CULTIVATOR		DATE		REMARKS	
1		2		3		4		5	
6		7		8		9		10	
11		12		13		14		15	
16		17		18		19		20	
21		22		23		24		25	
26		27		28		29		30	
31		32		33		34		35	
36		37		38		39		40	
41		42		43		44		45	
46		47		48		49		50	
51		52		53		54		55	
56		57		58		59		60	
61		62		63		64		65	
66		67		68		69		70	
71		72		73		74		75	
76		77		78		79		80	
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91		92		93		94		95	
96		97		98		99		100	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9791

BIRTH NO. 21-00930

1. NAME OF DECEASED
(Type or Print)

Larry Queen

2. DATE
OF
DEATH

10-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

13. FATHER'S NAME

Sylvester Queen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.
None

B. DATE OF BIRTH

1-14-1951

9. AGE (In years last birthday)

1

If Under 1 Year Months: Days

10

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Helen Matthews

17. INFORMANT

ADDRESS

Helen Matthews, Ellicott City, Md.

CAUSE OF DEATH

1B. 491X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Gault

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

10-26-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-28-52

24C. NAME OF CEMETERY OR CREMATORY

Blackstone

24D. LOCATION (City, town, or county)

Elkridge, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

F.C. Higinbotham, Ellicott City, Md.

VS 151

520729785

1050

1050

1050

1050

1050

1050

1050

1050

1050

1050

1050

650

52 9792

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9792
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BROWN, WILLIAM W.

2. DATE
OF
DEATH

10/26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Freeman

10B. KIND OF BUSINESS OR
INDUSTRY

Textile

13. FATHER'S NAME

NOAH W. BROWN

(M)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

213-01-6897

8. DATE OF BIRTH

May 7-1880

9. AGE (In years
last birthday)

72

11. Under 1 Year
Months Days12. Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

N. Carolina

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

ELIZABETH TETTER

17. INFORMANT

Mrs. C. M. Brown

ADDRESS

Daniels

18. 461X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Heart Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Post Hemorrhoidectomy

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/18/52

19B. MAJOR FINDINGS OF OPERATION

Hemorrhoids

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18, 1952 to 10/26, 1952, that I last saw the
deceased alive on 10/26, 1952, and that death occurred at 2:40 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Barrett

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

10/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10-29-52

24C. NAME OF CEMETERY OR CREMATORY

Goldshepherd

24D. LOCATION (City, town, or county)

Cecil City

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Hegenbottom, Elliott City, Md

ADDRESS

VS 150

95 5234E9700

MEDICAL CERTIFICATION

1933

BATMAN COUNTY, TEXAS

1933

CERTIFICATE OF DEATH

1933

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Burial Officer

Signature of Undertaker

Signature of Minister

Signature of Witness

Signature of Burial Officer

Signature of Coroner

Signature of Burial Officer

Signature of Coroner

Signature of Burial Officer

Signature of Coroner

Signature of Burial Officer

Signature of Coroner

Signature of Burial Officer

Signature of Coroner

Signature of Burial Officer

Signature of Coroner

Signature of Burial Officer

Signature of Coroner

Signature of Burial Officer

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Signature of Burial Officer

Signature of Coroner

Signature of Burial Officer

Signature of Coroner

Signature of Burial Officer

Signature of Coroner

Signature of Burial Officer

Signature of Coroner

Signature of Burial Officer

Signature of Coroner

Signature of Burial Officer

Signature of Coroner

Signature of Burial Officer

52 9793

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9793
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

David Brown

2. DATE
OF
DEATH

Oct 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Dept

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced - GEN.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Peter Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

12-25-'80

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Georgiana Fisher

17. INFORMATION HOPKINS HOSPITAL ADDRESS

18. 330X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Subarachnoid Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

20 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20-1952 to 10-26-1952, that I last saw the
deceased alive on 10-26-1952, and that death occurred at 9:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Michael W. Hill

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 29/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

A. A. County, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Lott G. Elliott & Daughter

ADDRESS

1129 N. Caroline St.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. NAME OF DECEASED <i>John Doe</i>		2. SEX <i>Male</i>		3. AGE <i>45</i>	
4. DATE OF DEATH <i>Jan 15 1925</i>		5. TIME OF DEATH <i>10:30 AM</i>		6. PLACE OF DEATH <i>Home</i>	
7. CAUSE OF DEATH <i>Myocardial Infarction</i>		8. MANNER OF DEATH <i>Natural</i>		9. PLACE OF BIRTH <i>New York City</i>	
10. OCCUPATION <i>Teacher</i>		11. MARITAL STATUS <i>Married</i>		12. EDUCATION <i>High School</i>	
13. PREVIOUS ILLNESS <i>None</i>		14. MEDICAL HISTORY <i>None</i>		15. SIGNATURE OF DECEASED <i>John Doe</i>	
16. SIGNATURE OF WITNESS <i>John Doe</i>		17. SIGNATURE OF PHYSICIAN <i>John Doe</i>		18. SIGNATURE OF CORONER <i>John Doe</i>	
19. SIGNATURE OF REGISTRAR <i>John Doe</i>		20. SIGNATURE OF CLERK <i>John Doe</i>		21. SIGNATURE OF JURY <i>John Doe</i>	
22. SIGNATURE OF JURY <i>John Doe</i>		23. SIGNATURE OF JURY <i>John Doe</i>		24. SIGNATURE OF JURY <i>John Doe</i>	
25. SIGNATURE OF JURY <i>John Doe</i>		26. SIGNATURE OF JURY <i>John Doe</i>		27. SIGNATURE OF JURY <i>John Doe</i>	
28. SIGNATURE OF JURY <i>John Doe</i>		29. SIGNATURE OF JURY <i>John Doe</i>		30. SIGNATURE OF JURY <i>John Doe</i>	
31. SIGNATURE OF JURY <i>John Doe</i>		32. SIGNATURE OF JURY <i>John Doe</i>		33. SIGNATURE OF JURY <i>John Doe</i>	
34. SIGNATURE OF JURY <i>John Doe</i>		35. SIGNATURE OF JURY <i>John Doe</i>		36. SIGNATURE OF JURY <i>John Doe</i>	
37. SIGNATURE OF JURY <i>John Doe</i>		38. SIGNATURE OF JURY <i>John Doe</i>		39. SIGNATURE OF JURY <i>John Doe</i>	
40. SIGNATURE OF JURY <i>John Doe</i>		41. SIGNATURE OF JURY <i>John Doe</i>		42. SIGNATURE OF JURY <i>John Doe</i>	
43. SIGNATURE OF JURY <i>John Doe</i>		44. SIGNATURE OF JURY <i>John Doe</i>		45. SIGNATURE OF JURY <i>John Doe</i>	
46. SIGNATURE OF JURY <i>John Doe</i>		47. SIGNATURE OF JURY <i>John Doe</i>		48. SIGNATURE OF JURY <i>John Doe</i>	
49. SIGNATURE OF JURY <i>John Doe</i>		50. SIGNATURE OF JURY <i>John Doe</i>		51. SIGNATURE OF JURY <i>John Doe</i>	
52. SIGNATURE OF JURY <i>John Doe</i>		53. SIGNATURE OF JURY <i>John Doe</i>		54. SIGNATURE OF JURY <i>John Doe</i>	
55. SIGNATURE OF JURY <i>John Doe</i>		56. SIGNATURE OF JURY <i>John Doe</i>		57. SIGNATURE OF JURY <i>John Doe</i>	
58. SIGNATURE OF JURY <i>John Doe</i>		59. SIGNATURE OF JURY <i>John Doe</i>		60. SIGNATURE OF JURY <i>John Doe</i>	
61. SIGNATURE OF JURY <i>John Doe</i>		62. SIGNATURE OF JURY <i>John Doe</i>		63. SIGNATURE OF JURY <i>John Doe</i>	
64. SIGNATURE OF JURY <i>John Doe</i>		65. SIGNATURE OF JURY <i>John Doe</i>		66. SIGNATURE OF JURY <i>John Doe</i>	
67. SIGNATURE OF JURY <i>John Doe</i>		68. SIGNATURE OF JURY <i>John Doe</i>		69. SIGNATURE OF JURY <i>John Doe</i>	
70. SIGNATURE OF JURY <i>John Doe</i>		71. SIGNATURE OF JURY <i>John Doe</i>		72. SIGNATURE OF JURY <i>John Doe</i>	
73. SIGNATURE OF JURY <i>John Doe</i>		74. SIGNATURE OF JURY <i>John Doe</i>		75. SIGNATURE OF JURY <i>John Doe</i>	
76. SIGNATURE OF JURY <i>John Doe</i>		77. SIGNATURE OF JURY <i>John Doe</i>		78. SIGNATURE OF JURY <i>John Doe</i>	
79. SIGNATURE OF JURY <i>John Doe</i>		80. SIGNATURE OF JURY <i>John Doe</i>		81. SIGNATURE OF JURY <i>John Doe</i>	
82. SIGNATURE OF JURY <i>John Doe</i>		83. SIGNATURE OF JURY <i>John Doe</i>		84. SIGNATURE OF JURY <i>John Doe</i>	
85. SIGNATURE OF JURY <i>John Doe</i>		86. SIGNATURE OF JURY <i>John Doe</i>		87. SIGNATURE OF JURY <i>John Doe</i>	
88. SIGNATURE OF JURY <i>John Doe</i>		89. SIGNATURE OF JURY <i>John Doe</i>		90. SIGNATURE OF JURY <i>John Doe</i>	
91. SIGNATURE OF JURY <i>John Doe</i>		92. SIGNATURE OF JURY <i>John Doe</i>		93. SIGNATURE OF JURY <i>John Doe</i>	
94. SIGNATURE OF JURY <i>John Doe</i>		95. SIGNATURE OF JURY <i>John Doe</i>		96. SIGNATURE OF JURY <i>John Doe</i>	
97. SIGNATURE OF JURY <i>John Doe</i>		98. SIGNATURE OF JURY <i>John Doe</i>		99. SIGNATURE OF JURY <i>John Doe</i>	
100. SIGNATURE OF JURY <i>John Doe</i>		101. SIGNATURE OF JURY <i>John Doe</i>		102. SIGNATURE OF JURY <i>John Doe</i>	

312
52 9794
BIRTH NO.STUBBS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9794
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Wyeth Stubbs</i>			2. DATE OF DEATH <i>Oct. 24, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Bar Mcl Bar Conv Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12-04</i>		
6. Length of stay in Baltimore <i>50 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>2314 Guilford Ave</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov 11, 1887</i>	9. AGE (In years last birthday) <i>65</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER - GEN.</i>			11. BIRTHPLACE (State or foreign country) <i>Va.</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Robert Stubbs</i>			14. MOTHER'S MAIDEN NAME <i>Clara Thornton</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mary Thomas</i>			ADDRESS <i>2314 Guilford Ave</i>		
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardio Vascular Disease</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 23, 1952</i> , to <i>Oct. 24, 1952</i> , that I last saw the deceased alive on <i>Oct. 23, 1952</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>M. R. Johnson</i>		23B. ADDRESS <i>403 W. 2nd St. Bg</i>		23C. DATE SIGNED <i>10-25-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 28/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Ad. County Md.</i>		25. FUNERAL DIRECTOR <i>Wm. Herbert G. Elliott & Daughter</i>		ADDRESS	

97095 2/29/52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

[Faint, illegible handwritten text and printed form fields are visible throughout the page. The text appears to be a death certificate from the Baltimore City Health Department.]

316

2 9795

BIRTH NO.

2 9795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82 9795

Registered No.

1. NAME OF DECEASED
(Type or Print)

Mary Bedford

2. DATE OF DEATH

October 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 8-07

D. STREET ADDRESS (If rural, give location)

1827 E. Biddle St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5-25-10

9. AGE (In years last birthday)

42

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

No.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

18. 023X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Syphilitic Cardiovascular disease & aortic insufficiency

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

at least 1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 1952, to 10-23, 1952, that I last saw the deceased alive on 10-23, 1952, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

9 71898

10/24/52

10/27/52

Mt. Calvary Cem.

A. A. County Md.

Huntington Williams, M.D.

Mrs. Robert A. Elliott & Daughter

9 71898

10/27/52

Huntington Williams, M.D.

9 71898

9 71898

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

1911

NAME OF DECEASED
RESIDENCE
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
AGE AT DEATH
SEX
RACE
RELIGION
EDUCATION
OCCUPATION
MARRIAGE
PREVIOUS ILLNESS
PREVIOUS SURGERY
PREVIOUS TRAUMA
PREVIOUS ACCIDENT
PREVIOUS POISONING
PREVIOUS DRUGS
PREVIOUS ALCOHOL
PREVIOUS TOBACCO
PREVIOUS OTHER

1. NAME OF DECEASED
2. RESIDENCE
3. DATE OF DEATH
4. PLACE OF DEATH
5. CAUSE OF DEATH
6. MANNER OF DEATH
7. AGE AT DEATH
8. SEX
9. RACE
10. RELIGION
11. EDUCATION
12. OCCUPATION
13. MARRIAGE
14. PREVIOUS ILLNESS
15. PREVIOUS SURGERY
16. PREVIOUS TRAUMA
17. PREVIOUS ACCIDENT
18. PREVIOUS POISONING
19. PREVIOUS DRUGS
20. PREVIOUS ALCOHOL
21. PREVIOUS TOBACCO
22. PREVIOUS OTHER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9796**

362
2 9796
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY WATERS		2. DATE OF DEATH October 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 717 Baker Street		E. LENGTH OF STAY IN BALTIMORE Yrs. ? Mos. ? Days ?	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 1894 October 15, 58
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		9B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pa.
13. FATHER'S NAME John Norman		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Audrey Montgomery		ADDRESS 717 Baker St.	

18. 237X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Brain tumor DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Brain tumor DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH
---	--	--

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Williams</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Oct. 25, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/28/52	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn
24D. LOCATION (City, town, or county) Balto. Md.		(State)

DATE RECEIVED BY LOCAL REGISTRAR OCT 27 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR Geo. H. Nelson	ADDRESS 1303
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VS 151 95202097

MEDICAL CERTIFICATION

No reply by 4/1/53

60

140 9797	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	52 9797 Registered No.
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Carl J. Epple		2. DATE OF DEATH Oct. 25/52
3. PLACE OF DEATH: A. Baltimore City, Maryland 504 S. Clinton St		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 504 S. Clinton St. B. COUNTY
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md.
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 504 S. Clinton St.
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		8. DATE OF BIRTH Jan. 30, 1904
10B. KIND OF BUSINESS OR INDUSTRY Hardware Business		9. AGE (In years last birthday) 48
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Epple		14. MOTHER'S MAIDEN NAME Dora Gunzelman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO.
17. INFORMANT		ADDRESS
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH 2 hrs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10/26 , 19 52 , to 10/26 , 19 52 , that I last saw the deceased alive on 10/26 , 19 52 , and that death occurred at 2:20 m., from the causes and on the date stated above.		
23A. SIGNATURE Joseph J. Jurek		23B. ADDRESS 441 S. Elmwood Ave
23C. DATE SIGNED 10/27/52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 29/52
24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem		24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR Oct 27 1952		REGISTRAR'S SIGNATURE Huntington Williams
FUNERAL DIRECTOR Philip H. Hewig		ADDRESS 2024 Orleans St
VS 150 9522906470		

STATE OF NEW YORK
IN SENATE
JANUARY 1, 1903.

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN

RESPONSE TO A

RESOLUTION PASSED BY THE SENATE

APRIL 1, 1899.

ALBANY:

1903.

WILLIAM B. EDELL,

PRINTED BY

THE STATE OF NEW YORK

COMMISSIONERS OF THE LAND OFFICE

CAUSE OF DEATH

REPORT OF THE COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
APRIL 1, 1899.

ALBANY:

THE STATE OF NEW YORK
COMMISSIONERS OF THE LAND OFFICE

REPORT OF THE COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

APRIL 1, 1899.

ALBANY:

THE STATE OF NEW YORK

COMMISSIONERS OF THE LAND OFFICE

320
2 9798
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9798

1. NAME OF DECEASED
(Type or Print)

Wm. Walter Lutz

2. DATE
OF
DEATH

Oct. 24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1614 N. Regester St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

8 N. Bradford St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto. Md.

D. STREET ADDRESS (If rural, give location)

1614 N. Regester St.

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

Yrs.
Mos.
Days

8. DATE OF BIRTH

Nov. 12, 1870

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired (Balto. City)

10B. KIND OF BUSINESS OR
INDUSTRY

Machinist

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Lutz

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, ☒ or unknown ☐ (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Mr. Frank Lutz 33 S. East Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

10 day

DUE TO Arteriosclerosis

2 yrs.

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1952 to Oct. 24, 1952 that I last saw the
deceased alive on Oct. 24, 1952, and that death occurred at 10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1615 E. North Ave.

23C. DATE SIGNED

10-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 27/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 27 1952

Huntington Williams, M.D.

Philip Herwig, Son

2024 Orleans St.

VS 150

0520509792

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

NAME: [illegible]
SEX: [illegible]
AGE: [illegible]
DATE OF BIRTH: [illegible]
PLACE OF BIRTH: [illegible]
MARRIAGE: [illegible]
OCCUPATION: [illegible]
EDUCATION: [illegible]
RELIGION: [illegible]
MILITARY SERVICE: [illegible]
PREVIOUS MARRIAGES: [illegible]
REASON FOR DEATH: [illegible]
DATE OF DEATH: [illegible]
PLACE OF DEATH: [illegible]
CAUSE OF DEATH: [illegible]
MANNER OF DEATH: [illegible]
CERTIFICATE NO.: [illegible]

DEATH OF DEATH	
1. NAME OF DECEASED	2. SEX
3. AGE	4. DATE OF BIRTH
5. PLACE OF BIRTH	6. MARRIAGE
7. OCCUPATION	8. EDUCATION
9. RELIGION	10. MILITARY SERVICE
11. PREVIOUS MARRIAGES	12. REASON FOR DEATH
13. DATE OF DEATH	14. PLACE OF DEATH
15. CAUSE OF DEATH	16. MANNER OF DEATH
17. CERTIFICATE NO.	18. SIGNATURE
19. DATE	20. PLACE
21. NAME	22. SEX
23. AGE	24. DATE OF BIRTH
25. PLACE OF BIRTH	26. MARRIAGE
27. OCCUPATION	28. EDUCATION
29. RELIGION	30. MILITARY SERVICE
31. PREVIOUS MARRIAGES	32. REASON FOR DEATH
33. DATE OF DEATH	34. PLACE OF DEATH
35. CAUSE OF DEATH	36. MANNER OF DEATH
37. CERTIFICATE NO.	38. SIGNATURE
39. DATE	40. PLACE
41. NAME	42. SEX
43. AGE	44. DATE OF BIRTH
45. PLACE OF BIRTH	46. MARRIAGE
47. OCCUPATION	48. EDUCATION
49. RELIGION	50. MILITARY SERVICE
51. PREVIOUS MARRIAGES	52. REASON FOR DEATH
53. DATE OF DEATH	54. PLACE OF DEATH
55. CAUSE OF DEATH	56. MANNER OF DEATH
57. CERTIFICATE NO.	58. SIGNATURE
59. DATE	60. PLACE
61. NAME	62. SEX
63. AGE	64. DATE OF BIRTH
65. PLACE OF BIRTH	66. MARRIAGE
67. OCCUPATION	68. EDUCATION
69. RELIGION	70. MILITARY SERVICE
71. PREVIOUS MARRIAGES	72. REASON FOR DEATH
73. DATE OF DEATH	74. PLACE OF DEATH
75. CAUSE OF DEATH	76. MANNER OF DEATH
77. CERTIFICATE NO.	78. SIGNATURE
79. DATE	80. PLACE
81. NAME	82. SEX
83. AGE	84. DATE OF BIRTH
85. PLACE OF BIRTH	86. MARRIAGE
87. OCCUPATION	88. EDUCATION
89. RELIGION	90. MILITARY SERVICE
91. PREVIOUS MARRIAGES	92. REASON FOR DEATH
93. DATE OF DEATH	94. PLACE OF DEATH
95. CAUSE OF DEATH	96. MANNER OF DEATH
97. CERTIFICATE NO.	98. SIGNATURE
99. DATE	100. PLACE

252
52 9799BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9799
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lonnie Washington		2. DATE OF DEATH Oct. 21, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland c. CITY OR TOWN Baltimore e. STREET ADDRESS (If rural, give location) 137 North Exter Street	
b. FULL NAME OF HOSPITAL OR INSTITUTION		5. AGE (In years last birthday) 66 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
c. Length of stay in Baltimore 43 Yrs.		6. DATE OF BIRTH Feb. 15, 1886	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman		11. BIRTHPLACE (State or foreign country) Mobile Alabama	
10b. KIND OF BUSINESS OR INDUSTRY Water Front		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Emerson Washington		ADDRESS 1108 E. Pratt St	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension (Essential) DUE TO Arteriosclerosis (Senile)		INTERVAL BETWEEN ONSET AND DEATH 3 wks 20 yrs?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 21 June 19 52 to 21 Oct 19 52 , that I last saw the deceased alive on 20 Oct 19 52 , and that death occurred at 730 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE A. C. Bumsell		23B. ADDRESS 121 Oisquith St		23C. DATE SIGNED 10-21-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/28/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		24E. FUNERAL DIRECTOR Elmer Wilson		24F. ADDRESS 1500 Bently Rd	
DATE RECEIVED BY LOCAL REGISTRAR OCT 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

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UNITED STATES DEPARTMENT OF AGRICULTURE

CERTIFICATE OF ANALYSIS

1934

MAILED 10 1934

ANALYST'S REPORT
STATE OF NEW YORK
COUNTY OF ALBANY
TOWN OF ALBANY
SCHOOL DISTRICT NO. 1
ALBANY, N. Y.

ANALYST'S REPORT
STATE OF NEW YORK
COUNTY OF ALBANY
TOWN OF ALBANY
SCHOOL DISTRICT NO. 1
ALBANY, N. Y.

452
52 9800BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9800

1. NAME OF DECEASED (Type or Print) Williams, Budwood		2. DATE OF DEATH Oct. 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 7-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, give rural and give township) Baltimore 5	
D. STREET ADDRESS (If rural, give location) 1028 N. Dallas Street		E. LENGTH of stay in Baltimore 30 Yr.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 9, 1901
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Skill Laborer	
11. BIRTHPLACE (State or foreign country) N. Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 443X	
17. INFORMANT James Williams		ADDRESS 456 Pitmar Place	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular accident DUE TO ANTECEDENT CAUSES Hypertensive cardiovascular disease. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 24 , 1952 to Oct. 25 , 1952, that I last saw the deceased alive on Oct. 25 , 1952 and that death occurred at 1:15 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Charles F. Jones		23B. ADDRESS 1400 N. Caroline Street	
23C. DATE SIGNED Oct. 25/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/28/1952	
24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md.	
25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS Elmer O. Wilson 1005 Brimley	
DATE RECEIVED BY LOCAL REGISTRAR OCT 27 1952			

152 97030724

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9801**

260
52 9801
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Eliza Fisher			2. DATE OF DEATH October 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY Balto.		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital 1400 N. Caroline St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
c. Length of stay in Baltimore ? Yrs. 0 Mos. 0 Days 0			D. STREET ADDRESS (If rural, give location) 1914 E. Madison St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 15, 1879		9. AGE (In years last birthday) 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert Brooks			14. MOTHER'S MAIDEN NAME Amanda Mantley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Viola Fowler 1414 E. Madison St		

18. 170X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic Carcinoma DUE TO ANTECEDENT CAUSES Carcinoma of Breast DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug. 12, 1952 , to October 23, 1952 , that I last saw the deceased alive on October 23, 1952 and that death occurred at 9:03 PM from the causes and on the date stated above.				
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED Oct. 23, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/27/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.
DATE RECEIVED BY LOCAL REGISTRAR OCT 27 1952	REGISTRAR'S SIGNATURE <i>[Signature]</i>	FUNERAL DIRECTOR'S ADDRESS <i>[Signature]</i>	

9 5 2 7 2 0 A 9 7 9 5

MEDICAL CERTIFICATION

Line 5-465

436
52 9802BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9802
Registered No.

1. NAME OF DECEASED (Type or Print) George B. Altorfer		2. DATE OF DEATH October 25, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland 3503 Belvedere Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE D.C. B. COUNTY V-48	
b. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 3804 4th St. N.W.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH August 20, 1885
9. AGE (In years, last birthday) 67		10. UNDER 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Club House Waiter		10B. KIND OF BUSINESS OR INDUSTRY Harry Stevens Inc.	
11. BIRTHPLACE (State or foreign country) New York City, N.Y.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME August Altorfer		14. MOTHER'S MAIDEN NAME Josephine Wisner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Catherine Hoffman		ADDRESS Wash. D.C. 3804-4th St. N.W.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary thrombosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH One hour. 2 years 2 years		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Angina Pectoris DUE TO				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Hypertensive Cardio Vascular Disease				
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from October 15, 1952, to October 25, 1952, that I last saw the deceased alive on 10/23, 1952, and that death occurred at 7:12 p.m., from the causes and on the date stated above.				
23A. SIGNATURE Edwin G. Purpura		23B. ADDRESS P 204 Liberty Rd, Balto 7, Md.		23C. DATE SIGNED 11/26/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE October 29, 1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet
24D. LOCATION (City, town, or county) Washington, D.C.		24E. FUNERAL DIRECTOR S. H. Hines Co.		
DATE RECEIVED BY LOCAL REGISTRAR OCT 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 2901-14th St. N.W. WASH. D.C.

78464 09796

RECEIVED BY THE DIRECTOR
JANUARY 1942

U.S. A.

100% AVG

COND

CONCRETE

BATTERY

Handwritten notes at the bottom of the page, including "100% AVG" and "COND".

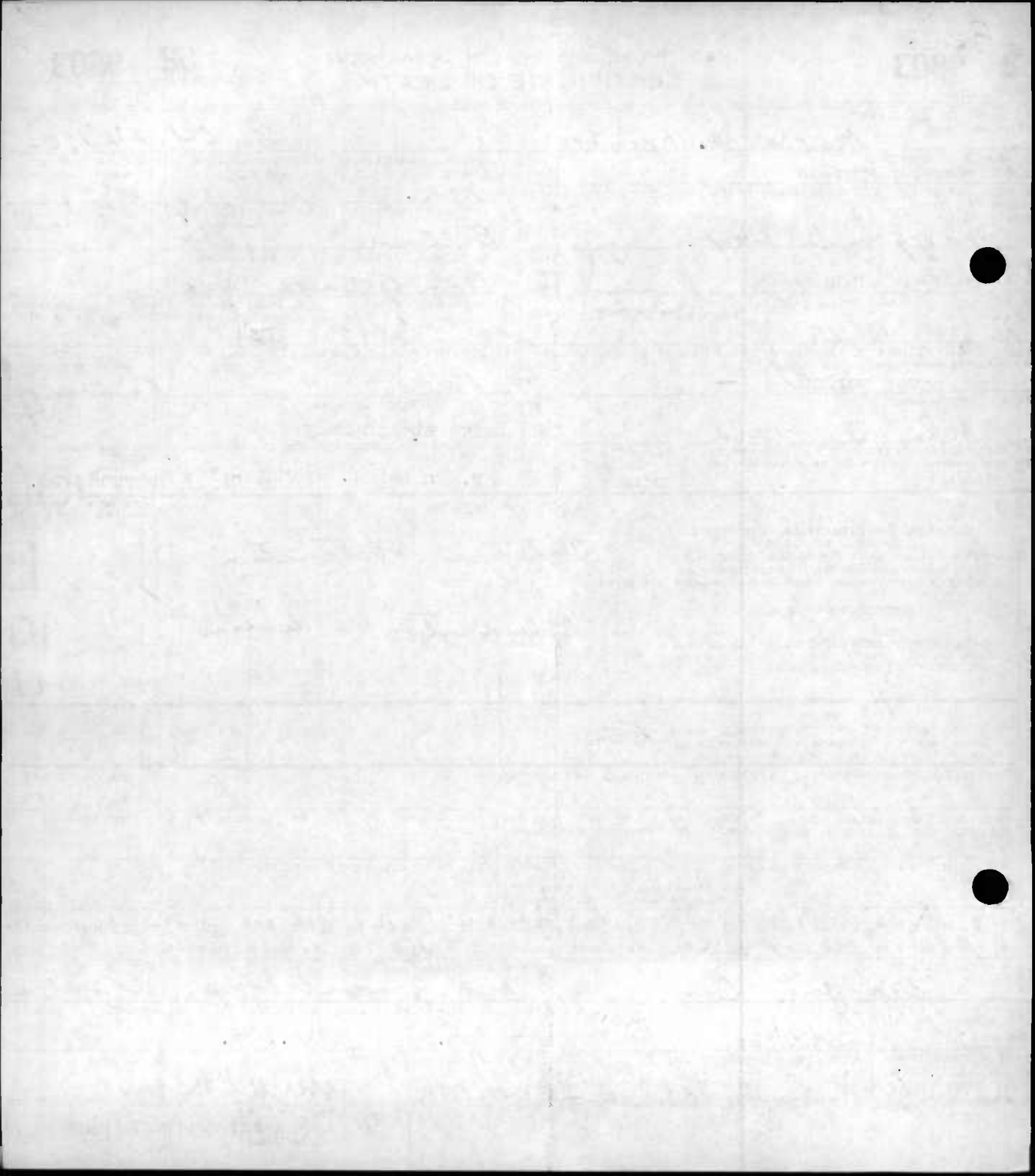
53
9803BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9803
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Marie G. Brandt</i>			2. DATE OF DEATH <i>Oct. 24 '1952</i>		
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Ma.</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Ma. General Hosp.</i>			6. CITY OR TOWN (If outside corporate limits, with RURAL and give township) <i>Baltimore</i>		
7. Length of stay in Baltimore <i>43</i> Yrs. Mos. Days			8. STREET ADDRESS (If rural, give location) <i>1323 Grosuch Ave.</i>		
9. SEX <i>F.</i>	10. COLOR OR RACE <i>White</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	12. DATE OF BIRTH <i>Nov. 15 '1897</i>		13. AGE (In years last birthday) <i>54</i>
14. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) <i>never worked</i>			15. BIRTHPLACE (State or foreign country) <i>Pa.</i>		16. CITIZEN OF WHAT COUNTRY? <i>American</i>
17. FATHER'S NAME <i>John J. Ward</i>			18. MOTHER'S MAIDEN NAME <i>Margaret Ann Daly</i>		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>			20. SOCIAL SECURITY NO. <i>none</i>		
21. INFORMANT <i>Mr. Walter H. Brandt</i>			22. ADDRESS <i>1323 Grosuch Ave.</i>		

23. 570.5	24. CAUSE OF DEATH	25. INTERVAL BETWEEN ONSET AND DEATH
26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Intestinal obstruction</i> DUE TO <i>(B) Dehydration + acidosis</i> DUE TO <i>(C)</i>		<i>?</i> <i>?</i>
27. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
28. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

29. DATE OF OPERATION <i>0</i>		30. MAJOR FINDINGS OF OPERATION		31. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
32. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		33. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		34. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
35. 21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		36. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		37. 21F. HOW DID INJURY OCCUR?	
38. 22. I hereby certify that I attended the deceased from <i>Oct. 24</i> , 19 <i>52</i> , to <i>Oct. 24</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Oct. 24</i> , 19 <i>52</i> and that death occurred at <i>9:45 P.M.</i> , from the causes and on the date stated above.					
39. 23A. SIGNATURE <i>Sze-jui Lin</i>		40. 23B. ADDRESS <i>Ma. General Hosp.</i>		41. 23C. DATE SIGNED <i>Oct. 24 '52</i>	
42. 24A. BURIAL, CREMATION, REMOVAL (Specify)		43. 24B. DATE <i>10/28/52</i>		44. 24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem.</i>	
45. 24D. LOCATION (City, town, or county)		46. 24E. BALTO., MD.		47. 24F. STATE <i>Balto., Md.</i>	
48. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 27 1952</i>		49. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		50. FUNERAL DIRECTOR'S ADDRESS <i>Wm. J. Tucker & Sons</i>	
51. VS 150 <i>9 5 2 0 0 7 9 7</i> <i>Balto 17, Md.</i>					



WALTER

COMMISSIONER

FOOD

INSPECTION

U. S. A.

616
52 9805BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9805
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EVA ADELA GRUBER

2. DATE
OF
DEATH

Oct. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

419 Lyndhurst St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

never employed

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

John Nitzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

none

8. DATE OF BIRTH

Apr. 30, 1865

9. AGE (In years
last birthday)

87

If Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Catherine Evaline Albert

17. INFORMANT

ADDRESS

Mrs. Arthur W. Shipley-419 Lyndhurst St.

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) cerebral hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) hypertension, arterio-sclerotic
DUE TO branch vascular disease.
(C)INTERVAL BETWEEN
ONSET AND DEATHFeb 1 1952
discharge
Oct 23 1952II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

hypostatic pneumonia

2 days.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1st 1952, to Oct 25, 1952, that I last saw the
deceased alive on Oct 25, 1952, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/28/52

24C. NAME OF CEMETERY OR CREMATORY

Riverview Cem.

24D. LOCATION (City, town, or county)

Williamsport, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 27 1952

Huntington Williams, M.D.

Wm. J. Vickener & Sons

VS 150

95-200007 Balto 17, Md.

420 52 9806 BIRTH NO.		06 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 9806 Registered No.	
1. NAME OF DECEASED (Type or Print) AGNES MALECKI			2. DATE OF DEATH October 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 627 S. Patterson Park Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 64 yrs			D. STREET ADDRESS (If rural, give location) 627 S. Patterson Park Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 29, 1886	9. AGE (In years last birthday) 65	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Food Cannery		11. BIRTHPLACE (State or foreign country) Poland	
13. FATHER'S NAME Maciej Borowski			14. MOTHER'S MAIDEN NAME Mary ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Joseph F. Malecki, 627 S. Patterson Pk.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arterio sclerotic cardio vascular disease - pulmonary effusion due to weakened myocardium			INTERVAL BETWEEN ONSET AND DEATH years		
11 OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 20 , 19 52 , to Oct. 26 , 19 52 ; that I last saw the deceased alive on Oct 25 , 19 52 , and that death occurred at 8 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE Samuel R. Nowak		23B. ADDRESS 408 S. Patterson Park Ave.		23C. DATE SIGNED 10-27-52	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE 10/29/52		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
DATE RECEIVED BY LOCAL REGISTRAR OCT 27 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR M. F. SADOWSKI & SONS, 1808 EASTERN AVENUE	
VS 150		97042 Charles D. Sadowski			

1900

1901

CERTIFICATE OF DEATH

1902

NAME

RESIDENCE

AGE

SEX

CAUSE OF DEATH

DATE

PLACE OF DEATH

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Jury

Signature of Witnesses

Signature of Burial Officer

Signature of Undertaker

Signature of Funeral Home

Signature of Cemetery

Signature of Interment

Signature of Burial

Signature of Final Disposition

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9807
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARY SUGGS FLEMMINGS		2. DATE OF DEATH October 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		E. STREET ADDRESS (If rural, give location) 1603 N. Pulaski Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH July 24, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 54
13. FATHER'S NAME Joseph Jones		11. BIRTHPLACE (State or foreign country) Landover, Md	
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Margaret Brown	
16. SOCIAL SECURITY NO.		17. INFORMANT Bernice Hunley	
		ADDRESS 1603 N. Pulaski St.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease CAUSE OF DEATH DUE TO (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____ (C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D.		23C. DATE SIGNED Oct. 25, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct 25, 1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 27 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>
				ADDRESS 322 N. Schroeder St.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9808**

BIRTH NO. **52-21919**

1. NAME OF DECEASED (Type or Print) JOHN Henry COBBS Jr		2. DATE OF DEATH October 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1066 Fayette Street W.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept 17, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1
13. FATHER'S NAME John Henry Cobbs, Sr		11. BIRTHPLACE (State or foreign country) Baltimore, Md	
14. MOTHER'S MAIDEN NAME Mary Frances Jones		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mary Frances Cobb		ADDRESS 1066 W Fayette St	

CAUSE OF DEATH

<p>18. 525X</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">INTERSTITIAL PNEUMONIA</p> <p>(A) Interstitital pneumonia</p> <p align="center">DUE TO</p> <p align="center">ANTECEDENT CAUSES</p> <p>(B) DUE TO</p> <p>(C) DUE TO</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William W. Williams</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Oct. 25, 1952	
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial		24B. DATE Oct 28, 1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore, Md		25. FUNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS 3224 Schenck St	
DATE RECEIVED BY LOCAL REGISTRAR OCT 27 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

2020 52

WEDNESDAY 20 JANUARY

PAGE 55

[Faint, illegible handwriting on lined paper]

840
9809

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9809
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		WILLIAM BURLEY		2. DATE OF DEATH		October 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION				A. STATE			
South Baltimore General Hospital				Maryland			
C. CITY OR TOWN (If outside corporate limits, file RURAL and give township)				Baltimore			
D. STREET ADDRESS (If rural, give location)				444 W. Conway Street			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Male		Colored				4/1/1895	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday)		11. BIRTHPLACE (State or foreign country)	
Laborer		Sew		57		A.A.Co., Md	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Granson Burley				Catherine Clark			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
Unknown				Annie Leach		444 W. Conway Street	

MEDICAL CERTIFICATION

18. 002X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Far advanced pulmonary tuberculosis			
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER.....		23C. DATE SIGNED	
William J. Brown		M.D.		Oct. 23, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		10/28/52		Mt Auburn Cemetery	
				Baltimore City	

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
OCT 27 1952		Huntington W. H.		Isaac S. Brown & Son			
VS 151		970 99 2		108 W. Montgomery St			

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

626
52 9810BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9810
Registered No. _____

1. NAME OF DECEASED (Type or Print) CAREY C. PARTER		2. DATE OF DEATH 10-23-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2019 Madison Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 50 Yrs. Mo. Days		D. STREET ADDRESS (If rural, give location) 2019 MADISON Ave	
5. SEX MALE	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 24, 1876
9. AGE (In years last birthday) 76		10. Under 1 Year: Months: Days: 3 29	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Northumberland Co. Va		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Phillip PARTER		14. MOTHER'S MAIDEN NAME FANNIE NUTT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Henrietta Lester		ADDRESS 2019 Madison Ave	
18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO (A) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH Day ANTECEDENT CAUSES (B) Hypertensive Cardio-Renal Disease DUE TO (B) Hypertensive Cardio-Renal Disease INTERVAL BETWEEN ONSET AND DEATH Unknown OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
22. I hereby certify that I attended the deceased from 9-15- , 19 52 , to 10-23 , 19 52 , that I last saw the deceased alive on 10-23 , 19 52 , and that death occurred at 10:10P m., from the causes and on the date stated above.			
23A. SIGNATURE Richard H. Hunt		23B. ADDRESS 1631 W. Franklin St.	
23C. DATE SIGNED 10-25-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct 28, 52	
24C. NAME OF CEMETERY OR CREMATORY Int Auburn Cemt		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR Oct 21 1952		REGISTRAR'S SIGNATURE Huntington	
25. FUNERAL DIRECTOR Isaac L Brown Son		ADDRESS 10510 Montg omery St	

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Race		5. Date of death		6. Time of death		7. Place of death		8. Cause of death		9. Manner of death		10. Signature of physician		11. Signature of registrar		12. Signature of informant	

65
52 9811

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9811

1. NAME OF DECEASED (Type or Print) Chester Ackerman			2. DATE OF DEATH 10-25-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Unknown		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Aug. 2, 1916	9. AGE (In years last birthday) 36	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Woodfield, Ohio	
13. FATHER'S NAME Jacob Ackerman			14. MOTHER'S MAIDEN NAME Edna Daugherty		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Geo. M. Burford, Tiltonsville, Ohio	

18. **491X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Bronchopneumonia**~~DOE TO~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Pyelitis**

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

MEDICAL INVESTIGATOR.....

10-26-52

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 9812

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nick Kutsos

2. DATE OF DEATH

Oct-27-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *W. Va*

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Weirton

D. STREET ADDRESS (If rural, give location)

118 Colliers Way

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-14-92

9. AGE (In years last birthday)

60

If Under Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unknown

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. *177X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Severe Electrolyte Imbalance

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypophysectomy

3 days

DUE TO

malignancy prostate primary site

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Metastatic Carcinoma of Prostate 2 1/2 years

19A. DATE OF OPERATION

10/25/52

19B. MAJOR FINDINGS OF OPERATION

Hypophysectomy done

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/8/52*, to *10/27/52*, that I last saw the deceased alive on *10-27*, 1952 and that death occurred at *10:20 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE

J. H. deMott

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

10/27/52

24C. NAME OF CEMETERY OR CREMATORY

Weirton

24D. LOCATION (City, town, or county)

Weirton, West Virginia

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 B. Paul St.

MEDICAL CERTIFICATION

See query reply in Document file

STATE OF TEXAS
COUNTY OF DALLAS

For the purpose of this

document, the following

information is being

provided to you for

your information and

record only.

This document is not

to be used for any

other purpose.

Very truly yours,

By _____
Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

200
52 9813BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9813
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Annie Kawasoye</i>		2. DATE OF DEATH <i>10/24/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2376 Parkhill Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RT, RMT, and give township) <i>Balto. 13-08</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2276 Parkhill Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>About 1864</i>	9. AGE (In years last birthday) <i>88</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At Home</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self</i>		11. BIRTHPLACE (State or foreign country) <i>N. Y.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Thomas Kawasoye 2276 Parkhill Ave.</i>	
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>old age - not ill for yrs. staged for last 2 weeks</i>		CAUSE OF DEATH (A) <i>arteriosclerotic heart</i> DUE TO (B) <i>arteriosclerosis</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/12/52</i> , 19 <i>52</i> , to <i>10/24</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>10/23</i> , 19 <i>52</i> and that death occurred at <i>4 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>2040 N. Clearley</i>		23C. DATE SIGNED <i>10/26/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>10/28/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet</i>	
24D. LOCATION (City, town, or county) (State) <i>Maryland</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet</i>		24F. LOCATION (City, town, or county) (State) <i>Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 27 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Boh Inc. 1217 St. Paul St.</i>	

MEDICAL CERTIFICATION

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CALIFORNIA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9814

Registered No.

621
52 9814

1. NAME OF DECEASED (Type or Print) Rosalinda or Rose Sarchiapone		2. DATE OF DEATH Oct. 25th 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 409 N. Denison St.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. LENGTH OF STAY IN BALTIMORE		8. STREET ADDRESS (If rural, give location) 409 N. Denison St.	
9. SEX Female	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	12. DATE OF BIRTH August 14, 1888
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		14. AGE (In years last birthday) 64	
15. KIND OF BUSINESS OR INDUSTRY Home		16. BIRTHPLACE (State or foreign country) Frisa-Chieti Italy	
17. FATHER'S NAME Davide DiIenno		18. CITIZEN OF WHAT COUNTRY?	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		20. SOCIAL SECURITY NO.	
21. INFORMANT Albert Sarchiapone (Son)		22. ADDRESS 409 N. Denison St.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 20 minutes
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive C-V Disease		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb , 19 47 to October , 19 52 , that I last saw the deceased alive on Oct. 10 , 19 52 , and that death occurred at 1A m., from the causes and on the date stated above.					
23A. SIGNATURE Morris H. Steinberg		23B. ADDRESS 410 N. Helton St.		23C. DATE SIGNED Oct. 25, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Oct. 28 1952		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd.		24E. FUNERAL DIRECTOR Frank Dello		24F. ADDRESS 322 S. High St.	

CERTIFICATE OF DEATH

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-656
52 9815BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9815
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Maurice Eckert Warner		2. DATE OF DEATH 10-27-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Maryland b. COUNTY Carroll	
b. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LINEBORO	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 5600	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH March 17 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 60
13. FATHER'S NAME John F. Warner		11. BIRTHPLACE (State or foreign country) Pennsylvania	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN		12. CITIZEN OF WHAT COUNTRY? U. S. A	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Houck	
17. INFORMANT WIFE		ADDRESS MRS MARION WARNER - LINEBORO, MARYLAND	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction DUE TO	CAUSE OF DEATH Myocardial infarction (A)	INTERVAL BETWEEN ONSET AND DEATH 10 da.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary occlusion DUE TO	Coronary occlusion (B)	10 da.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic heart disease (C)	Arteriosclerotic heart disease	

19a. DATE OF OPERATION 10/27/52		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10/18, 1952 , to 10/27, 1952 that I last saw the deceased alive on 10/27, 1952 , and that death occurred at 8:30 m., from the causes and on the date stated above.				
23a. SIGNATURE Waverly S. Green, Jr.		23b. ADDRESS Union Memorial Hospital		23c. DATE SIGNED 10/27/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/30/52	24c. NAME OF CEMETERY OR CREMATORY Lazarus Union	24d. LOCATION (City, town, or county) (State) Lineboro Carroll Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 27 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR H. C. Keiple ADDRESS Ston Rock, Pa.		

642

52 9816

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9816

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATIE E. CARLOS

2. DATE
OF
DEATH

10-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2025 Hollins St.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W 120 W

8. DATE OF BIRTH

MAY 5, ?

9. AGE (In years,
last birthday)

75

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

IRELAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

THOMAS KERRIGAN

14. MOTHER'S MAIDEN NAME

BRIDGET BOLAND

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary M. Carlos, 2025 Hollins St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

10/24/52 5:40 P.m.

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK22. I hereby certify that I attended the deceased from 10/14/52, 19, to 10/24/52, 1952, that I last saw the
deceased alive on 10/24, 1902, and that death occurred at 5:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

James R. Shabill

M. D.

Box 12000, St. Paul, Md.

10/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10-28-52

Cathedral Ave.

Balt.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 28 1952

Huntington Williams, Md.

George L. Farley, Catonsville, Md.

52 9817

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED.
(Type or Print)

MASS. SARAH OLIVER

2. DATE
OF
DEATH

10/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

CHURCH HOME + HOSPITAL

C. Length of stay in Baltimore

90

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

—

13. FATHER'S NAME

JOHN OLIVER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 6-05

D. STREET ADDRESS (If rural, give location)

CHURCH HOME

8. DATE OF BIRTH

OCT. 3, 1862

9. AGE (In years
last birthday)

90

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

MARGARET STOKES

17. INFORMANT

ADDRESS

CHURCH HOME + HOSPITAL.

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Heart Disease

yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis

yr.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Right Bronchopneumonia

7 days.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 10/22, 1952, to 10/27, 1952, that I last saw the
deceased alive on 10/26, 1952, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. F. Dawson

23B. ADDRESS

Church Home + Hospital

23C. DATE SIGNED

10/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT 30 1952

24C. NAME OF CEMETERY OR CREMATORY

LODGE PARK

24D. LOCATION (City, town, or county)

BALTIMORE MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

ULLRICH FUNERAL HOME 2008 ORLEANS ST

326
52 9818BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9818

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Louis W. Metzger		2. DATE OF DEATH Oct. 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 636 Oldham Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-07			
C. Length of stay in Baltimore Lifetime		D. STREET ADDRESS (If rural, give location) 636 Oldham Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug 5, 1881	9. AGE (In years last birthday) 71	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cooper		10B. KIND OF BUSINESS OR INDUSTRY Barrel Factory		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George Metzger		14. MOTHER'S MAIDEN NAME Anna Schrader	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Henry Amrhine 636 Oldham Street	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Germany Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio-sclerotic C.V. disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May, 1952, to Oct 25, 1952, that I last saw the deceased alive on May, 1952, and that death occurred at 5A m., from the causes and on the date stated above.					
23A. SIGNATURE J. H. Goodman		23B. ADDRESS 3400 E. Belts W		23C. DATE SIGNED 10/27/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 28, 1952		24C. NAME OF CEMETERY OR CREMATORY First United Evangelical	
24D. LOCATION (City, town, or county) Baltimore		24E. FUNERAL DIRECTOR P. Ullrich Funeral Home		24F. ADDRESS 2004 Orleans St.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

STATE OF OHIO
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased: _____
2. Sex: _____
3. Age: _____
4. Date of birth: _____
5. Place of birth: _____
6. Usual residence: _____
7. Date of death: _____
8. Time of death: _____
9. Place of death: _____
10. Cause of death: _____
11. Manner of death: _____
12. Signature of physician: _____
13. Signature of registrar: _____
14. Signature of informant: _____

15. Name of informant: _____
16. Address of informant: _____
17. Signature of informant: _____
18. Date of filing: _____
19. Registrar's office: _____
20. County: _____
21. State: _____

520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9819

Registered No.

52 9819

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALPHAS THOMAS

2. DATE
OF
DEATH

October 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4504 St. Georges Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cancer of bladder
DUE TO

3 years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) —
DUE TO —
(C) —II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Oct 25, 1952, to Oct 26, 1952, that I last saw the
deceased alive on Oct 25, 1952, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 28 1952

Huntington Williams, M.D. James A. Stayer, 638 N. Gilman St

0180

32

CERTIFICATE OF DEATH

S. 1919

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CITY OF NEW YORK

CAUSE OF DEATH

DISEASE OR INJURY

MANNER OF DEATH

PLACE OF DEATH

THE SIGNATURE OF THE REGISTRAR

THE SIGNATURE OF THE PHYSICIAN

THE SIGNATURE OF THE CORONER

THE SIGNATURE OF THE JURY

THE SIGNATURE OF THE

THE SIGNATURE OF THE

534

529820

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

529820

Registered No.

1. NAME OF DECEASED
(Type or Print)

Reindollar, David H.

2. DATE OF DEATH

10-25-52.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Balt.

5. FULL NAME OF HOSPITAL OR INSTITUTION
Maryland General Hosp.

6. CITY OR TOWN
Baltimore

7. LENGTH OF STAY IN BALTIMORE
35

8. DATE OF BIRTH

11-24-99

9. AGE (in years last birthday)

54

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Salesman

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME
Edward Reindollar

14. MOTHER'S MAIDEN NAME
Mary Josephine Wantz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT
Eunice K. Reindollar

18. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Circosis of liver
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-23, 1952 to 10-25, 1952 that I last saw the deceased alive on 10-25, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE
John O. Mitchell

23B. ADDRESS
Md. Gen. Hosp.

23C. DATE SIGNED
26 Oct 52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
10-29-52

24C. NAME OF CEMETERY OR CREMATORY
Lorraine

24D. LOCATION (City, town, or county) (State)
Woodlawn, Maryland

25. FUNERAL DIRECTOR
John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

VS 150

45268

0528

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0528

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0528

0528

0528

152
52 9821BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9821
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rhoda Balington

2. DATE
OF
DEATH

Oct 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-03

D. STREET ADDRESS (If rural, give location)

1906 Eutaw Place

c. Length of stay in Baltimore

25 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-22-1912

9. AGE (In years)

40

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Practical nurse

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Oella, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin N. Sommers

14. MOTHER'S MAIDEN NAME

Sarah C. Mills

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Empyema

DUE TO

2 wks +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pulmonary Infarct

DUE TO

2 months

(C) Rheumatic Heart disease

27 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/14, 1952 to 10/26, 1952, that I last saw the deceased alive on 10/26, 1952, and that death occurred at 6:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Alice M. Maltison Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Good Shepherd

24D. LOCATION (City, town, or county)

Howard Co.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

John O. Mitchell & Sons Inc.

ADDRESS

1900 Eutaw Place

1980

6

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1980

6

1. Name of Deceased <i>John Doe</i>		2. Sex <i>Male</i>		3. Race <i>White</i>	
4. Date of Birth <i>10/15/1925</i>		5. Date of Death <i>11/10/1980</i>		6. Age at Death <i>55</i>	
7. Place of Birth <i>San Antonio, Texas</i>		8. Usual Residence <i>1234 Main St, Houston, Texas</i>		9. Cause of Death <i>Heart Disease</i>	
10. Signature of Physician <i>[Signature]</i>		11. Signature of Registrar <i>[Signature]</i>		12. Date of Registration <i>11/15/1980</i>	
13. Signature of Medical Examiner <i>[Signature]</i>		14. Signature of Coroner <i>[Signature]</i>		15. Date of Certification <i>11/15/1980</i>	

520

52 9822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9822
Registered No.

1. NAME OF DECEASED (Type or Print) PAULA HINIO		2. DATE OF DEATH 10-28-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 13-04	
5. FULL NAME OF HOSPITAL OR INSTITUTION 1619 Swynn Falls Parkway Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE 13		D. STREET ADDRESS (If rural, give location) 1621 Swynn Falls Parkway	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-7
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Adolf Kientz		14. MOTHER'S MAIDEN NAME Dorn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Signatured Salinger - Same		ADDRESS	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO Arteriosclerosis of brain DUE TO arteriosclerosis of brain DUE TO arteriosclerosis of brain		INTERVAL BETWEEN ONSET AND DEATH about 2 mo?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/13/1954 to 10/14/1954 that I last saw the deceased alive on 10/28/1954 and that death occurred at 6:14 m., from the causes and on the date stated above.			
23A. SIGNATURE R. Weinberger		23B. ADDRESS 912 Brook Lane	
23C. DATE SIGNED 10/28/54			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-28-52	
24C. NAME OF CEMETERY OR CREMATORY Sharon T. Elsh		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR OCT 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR James Lewis		ADDRESS 2100 Canton Rd	

Wenberger
912 Broome Lane
9⁴⁵ AM

420

52 9823

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9823
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Raffaele Colacce			2. DATE OF DEATH Oct. 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5952 Glen Falls Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-34		
c. Length of stay in Baltimore 58 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5952 Glen Falls Ave.,		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 10, 1880	9. AGE (in years last birthday) 72 yrs.	10. Under 1 Year Months: 6 Days: 16 11. Under 24 Hours Hours: 16
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter			10B. KIND OF BUSINESS OR INDUSTRY self employed		
13. FATHER'S NAME Andrew Colacce			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes			16. SOCIAL SECURITY NO. Spanish, American		
11. BIRTHPLACE (State or foreign country) Italy			14. MOTHER'S MAIDEN NAME Fillermenia Serbenta		
17. INFORMANT Mrs. Anna M. Colacce			ADDRESS 5952 Glen Falls Ave.		

18. **422.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/24**, 19**52** to **10/25**, 19**52**, that I last saw the deceased alive on **10/25**, 19**52** and that death occurred at **3 a.** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 28 1952

Huntington Williams, M.D.

Elmer W. Conklin 5444 Belair Rd. 6

58024 309810

52 9824

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9824
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Francis Reginald Young</i>		2. DATE OF DEATH <i>Oct. 26, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1529 Myrtle Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-02</i>	
C. Length of stay in Baltimore <i>4 yrs. 4 mos. 4 days</i>		D. STREET ADDRESS (If rural, give location) <i>1529 Myrtle Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Nov. 22, 1904</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Steam Laundry</i>	9. AGE (in years, last birthday) <i>47</i>
13. FATHER'S NAME <i>Heward E. Young</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
16. SOCIAL SECURITY NO.		17. MARRIAGE (If married, give date of marriage) <i>1529 Myrtle Ave.</i>	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Pulmonary T.B.</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Oct. 16, 1952</i> to <i>Oct. 26, 1952</i> , that I last saw the deceased alive on <i>Oct. 25, 1952</i> , and that death occurred at <i>12:30 p.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Sidney L. Long</i>		23B. ADDRESS <i>2322 Canton Place</i>		23C. DATE SIGNED <i>10-27-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct. 27, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>W. H. Auburn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>CT 28 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
		25. FUNERAL DIRECTOR <i>General Home</i>	
		ADDRESS <i>1631 Grand Hill Ave.</i>	



200

52 9825

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9825
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Josephine Stages*

2. DATE OF DEATH *Oct. 26 1952*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Johns Hopkins Hospital*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md* B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-02

7. STREET ADDRESS (If rural, give location)
1019 N. Stricker St.

8. Length of stay in Baltimore
Yrs. Mos. Days

9. SEX *Female* 10. COLOR OR RACE *Colored* 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married*

12. DATE OF BIRTH *10-28-1927* 13. AGE (In years last birthday) *24* 14. If Under 1 Year Months: Days 15. If Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *H. W.* 17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country) *Md* 19. CITIZEN OF WHAT COUNTRY? *USA*

20. FATHER'S NAME *Alexander Jefferson* 21. MOTHER'S MAIDEN NAME *Annie Cohen*

22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 23. SOCIAL SECURITY NO. 24. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

25. 18. *685X* CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) *Uremia*
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) *Lower nephron nephrosis*
DUE TO
(C) *Multiple blood transfusions*

26. INTERVAL BETWEEN ONSET AND DEATH

27. II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. *Ruptured tibial pregnancy*

28. 19A. DATE OF OPERATION *10-16-52* 19B. MAJOR FINDINGS OF OPERATION *Ruptured tibial pregnancy* 20. AUTOPSY? YES ☒ NO ☐

21. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. 21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

23. 22. I hereby certify that I attended the deceased from *10/16*, 19*52*, to *10/26*, 19*52*, that I last saw the deceased alive on *10/26*, 19*52* and that death occurred at *8:45 P.m.*, from the causes and on the date stated above.

24. 23A. SIGNATURE *Jane B. McKeeven* M. D. 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED

25. 24A. BURIAL, CREMATION, REMOVAL (Specify) *burial* 24B. DATE *10/30/52* 24C. NAME OF CEMETERY OR CREMATORY *Balto Nat.* 24D. LOCATION (City, town, or county) (State) *Balto. Md.*

26. 25. FUNERAL DIRECTOR ADDRESS *Huntington Williams, M.D. Sec. 18: Kelson*

27. VS 150 *95200 1303 Presstman St*

5823

53

CERTIFICATE OF DEATH

1953

1. Name of deceased: *John Doe*
2. Sex: *Male*
3. Date of birth: *10-15-1915*
4. Place of birth: *New York, N.Y.*
5. Date of death: *11-10-1953*
6. Place of death: *New York, N.Y.*
7. Cause of death: *Heart disease*
8. Duration of illness: *Several months*
9. Name of physician: *Dr. J. H. Smith*
10. Name of funeral home: *None*
11. Name of informant: *John Doe*
12. Address of informant: *123 Main St., New York, N.Y.*
13. Signature of informant: *[Signature]*
14. Signature of physician: *[Signature]*
15. Signature of funeral home: *[Signature]*

16. Name of registrar: *John Doe*
17. Address of registrar: *123 Main St., New York, N.Y.*
18. Signature of registrar: *[Signature]*
19. Name of coroner: *John Doe*
20. Address of coroner: *123 Main St., New York, N.Y.*
21. Signature of coroner: *[Signature]*
22. Name of medical examiner: *John Doe*
23. Address of medical examiner: *123 Main St., New York, N.Y.*
24. Signature of medical examiner: *[Signature]*

25. Name of hospital: *John Doe*
26. Address of hospital: *123 Main St., New York, N.Y.*
27. Signature of hospital: *[Signature]*
28. Name of cemetery: *John Doe*
29. Address of cemetery: *123 Main St., New York, N.Y.*
30. Signature of cemetery: *[Signature]*
31. Name of funeral home: *John Doe*
32. Address of funeral home: *123 Main St., New York, N.Y.*
33. Signature of funeral home: *[Signature]*

34. Name of registrar: *John Doe*
35. Address of registrar: *123 Main St., New York, N.Y.*
36. Signature of registrar: *[Signature]*
37. Name of coroner: *John Doe*
38. Address of coroner: *123 Main St., New York, N.Y.*
39. Signature of coroner: *[Signature]*
40. Name of medical examiner: *John Doe*
41. Address of medical examiner: *123 Main St., New York, N.Y.*
42. Signature of medical examiner: *[Signature]*

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52 9826

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9826
Registered No.

1. NAME OF DECEASED (Type or Print) William J. Douglas			2. DATE OF DEATH Oct. 27th. 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland COUNTY City		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1000 E. Hoffman Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1000 E. Hoffman Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 28th. 1918		9. AGE (in years last birthday) 34
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10B. KIND OF BUSINESS OR INDUSTRY Koppers Co	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Ambrose B. Douglas			14. MOTHER'S MAIDEN NAME Jeanette Schlesinger		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 217-07-2729	17. INFORMANT Mrs. Jeanette Douglas		
EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) World War II		ADDRESS 1000 E. Hoffman St. Balto, Md.			

18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic glomerulonephritis		CAUSE OF DEATH Uremia	INTERVAL BETWEEN ONSET AND DEATH 2 weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (A) Chronic glomerulonephritis	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 38 , 19 38 , to 27 Oct , 19 52 , that I last saw the deceased alive on 27 Oct , 19 52 , and that death occurred at 8:20 p. m., from the causes and on the date stated above.					
23A. SIGNATURE S. Wepel		23B. ADDRESS 7145 Pines St		23C. DATE SIGNED 28 Oct 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-30-1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore, National		24D. LOCATION (City, town, or county) (State) Frederick Rd. Balto: Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR George J. Ruth, Inc.		ADDRESS -1735 Harford Avenue	

775320009819

MEDICAL CERTIFICATION

1980

82

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE

1980

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45
52 9827
BIRTH NO.

BIRTH NO. 00000		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mollie Ireland		October 28, 1952	
3. PLACE OF DEATH:		4. USUAL RESIDENCE		5. COUNTY	
A. Baltimore City, Maryland		B. STATE		C. COUNTY	
Church Home Hospital		Md.		Harford	
6. FULL NAME OF HOSPITAL OR INSTITUTION		7. CITY OR TOWN		8. STREET ADDRESS	
Church Home Hospital		Bel Air (Rural)		-	
9. Length of stay in Baltimore		10. Yrs. Mos. Days		11. DATE OF BIRTH	
30 Days		Yrs. Mos. Days		Oct. 4, 1894	
12. SEX		13. COLOR OR RACE		14. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
F.		White		Widowed	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		16. KIND OF BUSINESS OR INDUSTRY		17. BIRTHPLACE (State or foreign country)	
Housewife		Home		Virginia	
18. FATHER'S NAME		19. MOTHER'S MAIDEN NAME		20. CITIZEN OF WHAT COUNTRY?	
John Shull		Margaret Virginia Shaffer		U. S. A.	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		22. SOCIAL SECURITY NO.		23. INFORMANT ADDRESS	
-		-		Mollie Ireland, Bel Air, Md.	
24. 18. 420.1		25. CAUSE OF DEATH		26. INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(A) Coronary Thrombosis		3 days	
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		DUE TO			
27. ANTECEDENT CAUSES		(B) Coronary Arteriosclerosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
28. II		29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
30. 19A. DATE OF OPERATION		31. 19B. MAJOR FINDINGS OF OPERATION		32. 20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
33. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		34. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		35. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
36. 21D. TIME (Month) (Day) (Year) (Hour) INJURY		37. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		38. 21F. HOW DID INJURY OCCUR?	
39. 22. I hereby certify that I attended the deceased from 10/25, 1952 to 10/28, 1952 that I last saw the deceased alive on 10/28, 1952 and that death occurred at 7:12 A. M., from the causes and on the date stated above.					
40. 23A. SIGNATURE		41. 23B. ADDRESS		42. 23C. DATE SIGNED	
Arthur F. Woodward		Baltimore, Md. Church Home Hospital		10/28/52	
43. 24A. BURIAL, CREMATION, REMOVAL (Specify)		44. 24B. DATE		45. 24C. NAME OF CEMETERY OR CREMATORY	
Burial		Oct. 30/1952		Baker's Cem.	
46. 24D. LOCATION (City, town, or county)		47. 24E. STATE		48. 25. FUNERAL DIRECTOR ADDRESS	
Harford Co.		Md.		Huntington Williams, M.D. St. Madison Mitchell	
49. DATE RECEIVED BY LOCAL REGISTRAR		50. REGISTRAR'S SIGNATURE		51. 25. FUNERAL DIRECTOR ADDRESS	
		Huntington Williams, M.D.		St. Madison Mitchell	
VS 150		19520009		Baltimore, Md.	

24

TO BE APPROVED BY THE MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT

52 9828

CERTIFICATE OF DEATH

Registered No.

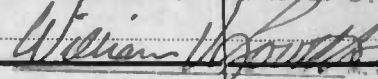
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Thorne, Dennis			2. DATE OF DEATH October 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			D. STREET ADDRESS (If rural, give location) 1200 Valley St.		
C. Length of stay in Baltimore 7 months			E. PRESTON & VALLEY STREETS		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov 12, 1879	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Pennsylvania		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Deed Thorne			14. MOTHER'S MAIDEN NAME don't know		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Little Sisters of the Poor			ADDRESS		

18. 331X and E903.7	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral vascular accident DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Arteriosclerosis, generalized DUE TO	
	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **right femur**
Comminuted intertrochanteric fracture,

CERTIFICATION APPROVED BY



right femur ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Own home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Preston & Valley Sts.	
21D. TIME (Month) (Day) (Year) (Hour) October 17, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Slipped and fell on the floor	
22. I hereby certify that I attended the deceased from October 20, 1952 to October 27, 1952 , that I last saw the deceased alive on Oct. 27, 1952 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE G. A. Alcega		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED Oct. 27, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct 29/52	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Rita Medfield 900 E. Biddle St	ADDRESS

VS 150

N8210

9520209821

MEDICAL CERTIFICATION

STAD 90310193

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9829
Registered No. _____

640
52 9829

1. NAME OF DECEASED (Type or Print) MATTIE MAZELLA MYERLY		2. DATE OF DEATH 10/27/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Green & Redwood Sts.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OF TOWN (If outside corporate limits, write FULL and give township) Baltimore City 13-07	
C. Length of stay in Baltimore 12 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4023 Falls Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec-15-1876
9. AGE (In years last birthday) 75		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	
13. FATHER'S NAME John Bowers		14. MOTHER'S MAIDEN NAME Eliza Bailey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Chas. C. Myerly (son)		ADDRESS 4023 Falls Road	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1 and 903.0		CAUSE OF DEATH (A) Coronary Insufficiency DUE TO (B) Atherosclerosis cardiovascular DUE TO (C) Over	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fractured left hip		CERTIFICATION APPROVED BY William Spedding CHIEF OR ASST. MEDICAL EXAMINER	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ? Annapolis		21D. TIME (Month) (Day) (Year) (Hour) INJURY 10 22 52 m.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? fell while stooping	
22. I hereby certify that I attended the deceased from 10/24 , 1952, to 10/27 , 1952, that I last saw the deceased alive on 10/27 , 1952, and that death occurred at 1:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE David R. Taylor M. D.		23B. ADDRESS University Hospital	
23C. DATE SIGNED 10/27/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct-30-1952	
24C. NAME OF CEMETERY OR CREMATORY Meadow Branch		24D. LOCATION (City, town, or county) (State) Westminster, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR OCT 28 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Stewart & Mowen Co.		ADDRESS 408 W. North Ave.	

FORM 57

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

452
52 9830BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9830
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS

JOHN

WILLIAMS

2. DATE
OF
DEATH

October 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Pimlico Race Track

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

6-01

D. STREET ADDRESS (If rural, give location)

205 N. Kenwood Avenue

C. Length of stay in Baltimore

30 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Sept-29-1887

9. AGE (in years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steel Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Steel

11. BIRTHPLACE (State or foreign country)

Wales, Great Britian

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Benjamin Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Thomas L. Williams (son) Balto. Md.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Artery Sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

10/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

October-31-1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Ridge Cemetery

24D. LOCATION (City, town, or county)

Stubenville, Ohio

(State)

DATE RECEIVED, BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Stewart & Mowen Co., 108 W. North Ave

V.S. 151
26903A 9823 City #1.

1000

1000

1000



B-634

52 9831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9831
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Geo. W. Bartholome		2. DATE OF DEATH Oct. 26/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3706 Nortonia Rd.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 26 N. Rose St. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Mount Convalescent Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md.	
c. Length of stay in Baltimore 60yrs		D. STREET ADDRESS (If rural, give location) 26 N. Rose	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10B. KIND OF BUSINESS OR INDUSTRY Balto. Fire Patrol	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Christian Bartholome		14. MOTHER'S MAIDEN NAME --	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 218-01-2056	
17. INFORMANT Christopher J. Bartholome		ADDRESS 4628 Freedomway (West)	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acid, Calcium Thrombosis DUE TO Generalized arteriosclerosis DUE TO Cardiac insufficiency DUE TO		CAUSE OF DEATH Acid, Calcium Thrombosis Generalized arteriosclerosis Cardiac insufficiency	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION Oct 10		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 10 , 19 52 , to Oct 26 , 19 52 , that I last saw the deceased alive on Oct 25 , 19 52 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE D. Bernardy Cohe		23B. ADDRESS Maseharony St		23C. DATE SIGNED 10/27/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 29/52		24C. NAME OF CEMETERY OR CREMATORY Balto. Cem.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. FUNERAL DIRECTOR Philip Henryson		24F. ADDRESS 2024 Orleans St.	
DATE RECEIVED BY LOCAL REGISTRAR 2022-01-05		REGISTRAR'S SIGNATURE Huntington W.		24G. ADDRESS 2024 Orleans St.	

1881-82

STATE OF NEW YORK
DEPARTMENT OF HEALTH

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1881-82

615
52 9832BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9832
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Carrie Griffin		2. DATE OF DEATH 10/25/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION 615 North Chapel Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 615 North Chapel Street			
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31, 1893	9. AGE (in years last birthday) 59	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Farmeville Virginia	
13. FATHER'S NAME Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Pearl Dowdy		ADDRESS 1634 East Chase Street			
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Basilar Artery DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Cerebral Basilar Artery Hypertension		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 15 Oct, 1952 , to 25 Oct, 1952 , that I last saw the deceased alive on 24 Oct, 1952 , and that death occurred at 10 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE R. E. Brewell		23B. ADDRESS 121 Argyle St.		23C. DATE SIGNED 10-27-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 1029/1952		24C. NAME OF CEMETERY OR CREMATORY St Calvery Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		25. FUNERAL DIRECTOR Chas. Wilson		ADDRESS Brantley Ave	
DATE RECEIVED BY LOCAL REGISTRAR 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Chas. Wilson	

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OFFICE OF THE ASSISTANT ATTORNEY GENERAL
WASHINGTON, D. C.

WILLIAM H. HARRIS
JANUARY 1900
TO THE SECRETARY OF THE INTERIOR
FROM THE ASSISTANT ATTORNEY GENERAL
RE: LAND GRANT TO THE
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OFFICE OF THE ASSISTANT ATTORNEY GENERAL
WASHINGTON, D. C.

THE SECRETARY OF THE INTERIOR
WASHINGTON, D. C.
JANUARY 1900
TO THE ASSISTANT ATTORNEY GENERAL
FROM THE SECRETARY OF THE INTERIOR
RE: LAND GRANT TO THE
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OFFICE OF THE ASSISTANT ATTORNEY GENERAL
WASHINGTON, D. C.

52 9833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9833
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.11. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)12. KIND OF BUSINESS OR
INDUSTRY

13. BIRTHPLACE (State or foreign country)

14. CITIZEN OF
WHAT COUNTRY?

15. FATHER'S NAME

16. MOTHER'S MAIDEN NAME

17. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)18. SOCIAL
SECURITY NO.19. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Hemorrhage
DUE TO

1d

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardiovascular
Disease
DUE TO

2 yrs

(C) Congenital abnormality of Right
Kidney
DUE TO

Life

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 10/26, 1952 to 10/26, 1952 that I last saw the
deceased alive on 10/26, 1952 and that death occurred at 5:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Hall
957286A 09826
ave

DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

<p>1. Name of deceased: <i>John Doe</i></p>	
<p>2. Sex: <i>Male</i></p>	
<p>3. Age: <i>45</i></p>	
<p>4. Date of death: <i>10/15/1918</i></p>	
<p>5. Place of death: <i>Home</i></p>	
<p>6. Cause of death: <i>Heart failure</i></p>	
<p>7. Nature of disease: <i>Myocarditis</i></p>	
<p>8. Duration of disease: <i>10 days</i></p>	
<p>9. Name of physician: <i>Dr. J. Smith</i></p>	
<p>10. Signature of physician: <i>[Signature]</i></p>	
<p>11. Name of registrar: <i>[Signature]</i></p>	
<p>12. Date of registration: <i>10/16/1918</i></p>	

52 9834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9834

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Thomas Thompson</i>			2. DATE OF DEATH <i>Oct 25, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med Ost 2</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>8-05</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13</i>		
6. Length of stay in Baltimore <i>20 mo.</i>			D. STREET ADDRESS (If rural, give location) <i>1805 N. Wolfe St</i>		
7. SEX <i>Male</i>	8. COLOR OR RACE <i>Colored</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Sp.</i>	10. DATE OF BIRTH <i>1-12-1915</i>		11. AGE (In years last birthday) <i>37</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Skilled laborer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Spinner Plant</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Joseph Thompson</i>			14. MOTHER'S MAIDEN NAME <i>Mattie</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>446x</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Uremia</i>	<i>5 mos</i>
ANTECEDENT CAUSES		(B) <i>Arteriosclerosis</i>	<i>2 yrs.</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Hypertension</i>	<i>10 yrs.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <i>10-25-1952</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *10-18-1952* to *10-25-1952*, that I last saw the deceased alive on *10-25-1952*, and that death occurred at *10:45 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Frederick W. Hill</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11-25-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-3-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St Peter's Cem.</i>	
24D. LOCATION (City, town, or county) <i>Monticello S. C.</i>		24E. (State) <i>S. C.</i>		25. FUNERAL DIRECTOR <i>Chas O. Wilson 1000 Beantley Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>281952</i>		REGISTRAR'S SIGNATURE <i>H. Kingston Williams M.D.</i>		26. ADDRESS	

VS 150

9703U

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STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

1031

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

STATE OF NEW YORK

11

52 9835

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9835
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MATILDA BAKER

2. DATE
OF
DEATH

10/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

C. Length of stay in Baltimore

66 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Wh.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

10A. USUAL OCCUPATION (Give kind of
work done during most of work life, even if retired)

SALES LADY

10B. KIND OF BUSINESS OR
INDUSTRY

Dep't Store

13. FATHER'S NAME

WILLIAM BAKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

NO.

16. SOCIAL
SECURITY NO.
216-01-57054. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, state RURAL and give
township)

BALTIMORE

10-02

D. STREET ADDRESS (If rural, give location)

1026 ASHLAND Court

8. DATE OF BIRTH

OCT. 3, 1886

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA.

14. MOTHER'S MAIDEN NAME

LENA KREUTZER

17. INFORMANT 2029 N. Washingtons Street
Mr Charles Wilkinson 13

18. 150X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARCINOMA (SQUAMOUS CELL) OF ESOPHAGUS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

10/3/52

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA OF ESOPHAGUS

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT. 1, 1952, to OCT. 27, 1952, that I last saw the
deceased alive on OCT 27, 1952, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Hendell C. Kuchpatz

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

10/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

10/30/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

CT 281952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTIMORE * 013 Ma 2-0

VS 150

4906C George F. Sander

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9836
Registered No. _____

BIRTH NO. 52 9836

1. NAME OF DECEASED (Type or Print) <u>Mr. Albert Wise</u>			2. DATE OF DEATH <u>10-27-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>St. Agnes Hospital</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Agnes Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 26-07</u>		
C. Length of stay in Baltimore _____ Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>703 S. Oldham St.</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 12, 1879</u>	9. AGE (In years, last birthday) <u>73</u>	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Starter</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Balto. Transit Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <u>George C. Wise</u>			14. MOTHER'S MAIDEN NAME <u>Alburtina</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>213-05-9620</u>		
17. INFORMANT <u>Effie L. Wise, 703 S. Oldham St.</u>			ADDRESS _____		

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <u>Cerebral Hemorrhage</u> DUE TO <u>Hypertensive C. V. disease</u> (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH _____
--	--	--	---

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) _____ INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 10-23, 1952 to 10-27, 1952, that I last saw the deceased alive on 10-27, 1952, and that death occurred at 10:25 P.m., from the causes and on the date stated above.

23A. SIGNATURE George C. Wise M. D. 23B. ADDRESS St. Agnes Hospital 23C. DATE SIGNED 10-27-52

4A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 10/30/52 24C. NAME OF CEMETERY OR CREMATORY Moreland Park 24D. LOCATION (City, town, or county) (State) Parkville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR 28 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR H.M. Cook, Inc. ADDRESS 2227 St. Paul St.

52 9837

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9837

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

John George PARR

2. DATE
OF
DEATH

10/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

336 S. Dallas St.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

8B. KIND OF BUSINESS OR INDUSTRY

9. FATHER'S NAME

10. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

11. SOCIAL SECURITY NO.

12. INFORMANT

315 W. P. Parr Life Building

13. 541.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21G. INJURY

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 10/8, 1952 to 10/27, 1952, that I last saw the deceased alive on 10/27, 1952, and that death occurred at 9²⁰ A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

595 460

30

52 9838

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9838

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES SCHMIDT

2. DATE

OF

DEATH

Oct. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Warrington Apts.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

June 21, 1877

9. AGE (In years last birthday)

75

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Chairman of Board

10B. KIND OF BUSINESS OR INDUSTRY

Baking Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Peter Schmidt

14. MOTHER'S MAIDEN NAME

Elizabeth Eff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.
215-07-9153

17. INFORMANT

ADDRESS

Mr. Carl P. Schmidt-Warrington Apts.

18. *420.1 and 260X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 x hours

4 years

10 years

II
ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept 1944* to *Oct 27*, 19*52*, that I last saw the deceased alive on *Oct 27*, 19*52*, and that death occurred at *2 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Thomas S. Bowyer

M. O.

23B. ADDRESS

221 Medical Arts Bldg

23C. DATE SIGNED

10/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/30/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Pickner & Sons

OCT 28 1952

Huntington Williams, M.D. *0 0 0 9 8 Balto 17, Md.*

SALESMAN CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

CAUSE OF DEATH

52 9839		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 9839 Registered No.	
BIRTH NO.		NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		CLAUDIA BLANCH KENNEDY		Oct. 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE Md.			
HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Maryland General Hosp.		Baltimore 12-01			
D. STREET ADDRESS (If rural, give location)		102 W. 39th St.			
I. of stay in Baltimore		8. DATE OF BIRTH			
SEX		9. AGE (In years last birthday)			
female		75			
6. COLOR OR RACE		11. BIRTHPLACE (State or foreign country)			
white		Virginia			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		12. CITIZEN OF WHAT COUNTRY?			
widowed					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. MOTHER'S MAIDEN NAME			
Housewife		Ann Elizabeth Genshaw			
10B. KIND OF BUSINESS OR INDUSTRY		17. INFORMANT			
at home		Mr. Hugh E. Kennedy - 1508 Burnwood Rd.			
3. FATHER'S NAME		ADDRESS			
William Henry Blanch					
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
no		none			
18. 422.1		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES		Cardio-Vascular Disease 5 yrs.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 1939 to 10-27, 1952, that I last saw the deceased alive on 10-26, 1952, and that death occurred at 1:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
G. L. Ewald Jr.		36 York Court		10-27-52	
A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		10/29/52		Druid Ridge Cem.	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Pikesville, Md.		J. J. Liden & Sons			
TE RECEIVED BY CAL REGISTRAR		REGISTRAR'S SIGNATURE		25. ADDRESS	
28 1952		Huntington Williams, M.D.		Baltimore 17 Md.	
VS 150		5 2 0			

52 9840

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9840

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Ernestine Kostkowski

2. DATE
OF
DEATH

10-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Howard

C. CITY OR TOWN

Dorsey

6200

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

11-22-1920

9. AGE (In years
last birthday)

31

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Typist

10B. KIND OF BUSINESS OR
INDUSTRY

National Surety

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ernest Attfield

14. MOTHER'S MAIDEN NAME

Hylde S. Schlosstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Leo H. Kostkowski-Dorsey, Md.

18. 204.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute monocytic
Leukemia

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from 10-21, 1952, to 10-26, 1952, that I last saw the
deceased alive on 10-26, 1952, and that death occurred at 11:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/30/52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk.

24D. LOCATION (City, town, or county)

Howard Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Chas. J. Tichenor & Sons

Huntington Williams, M.D. 2350 23 9 17, Md.

0120 98

CERTIFICATE OF TEST

1952

TABLE 1

UNITED STATES DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.

1952

1952

553

52 9841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9841
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANTHONY NOTO RAYMOND			2. DATE OF DEATH 10-27-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-38		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1620 E. BELVEDERE AVENUE		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 20, 1896	9. AGE (In years last birthday) 66	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None Barber			10B. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (State or foreign country) ITALY
13. FATHER'S NAME VINCENT RAYMOND			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO			14. MOTHER'S MAIDEN NAME ROSE RENARD		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Rose L. Raymond-1620 E. Belvedere Ave.		

18. **181X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **UREMIA**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **CARCINOMA OF BLADDER**

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-21 , 19 52 , to 10-27 , 19 52 ; that I last saw the deceased alive on 10-27 , 19 52 and that death occurred at 6:52 a.m., from the causes and on the date stated above.					

23A. SIGNATURE **ROBERT L. Phillips** M. D. 23B. ADDRESS **Union Memorial Hospital** 23C. DATE SIGNED **10-27-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/30/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR 10-28-1952	REGISTRAR'S SIGNATURE W. H. Williams, M.D.	25. FUNERAL DIRECTOR Dr. J. S. Sicker & Sons Balto 17, Md.	

MEDICAL CERTIFICATION

1181

22

REPUBLIC OF CHINA
MINISTRY OF HEALTH
BUREAU OF EPIDEMIOLOGY

1181

1181

REPORT OF THE RESULTS OF THE INVESTIGATION OF THE EPIDEMIC OF

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40 52 9842

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9842

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Raymond Bonilla</i>			2. DATE OF DEATH <i>October 25, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Room Bui 3</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ecuador</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Guayaquil</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (Rural, give location) <i>Calon 118</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>9-20-34</i>		9. AGE (In years last birthday) <i>18</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>attendant</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Gas Station</i>	11. BIRTHPLACE (State or foreign country) <i>Ecuador</i>		12. CITIZEN OF WHAT COUNTRY? <i>Ecuador</i>
13. FATHER'S NAME <i>Raymond Bonilla</i>			14. MOTHER'S MAIDEN NAME <i>Dolores Wilches</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. *155X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Ca of liver - metastatic -*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Ca of Bladder*
DUE TO
(C) *Terminal*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>10-13</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-13</i> , 1952, to <i>10-25</i> , 1952, that I last saw the deceased alive on <i>10-25</i> , 1952, and that death occurred at <i>9:58 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Sandra</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>10/28/52</i>		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county) (State) <i>Guayaquil, Ecuador, South America</i>		25. FUNERAL DIRECTOR <i>Wm. J. Scherer & Sons</i>			
26. DATE RECEIVED BY BOARD REGISTRAR <i>10-28-52</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS <i>Balto 97, Md -</i>	

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1913

CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race		Date of Death		Place of Death	
John Doe		45		Male		White		Jan 15, 1913		New York City	
Cause of Death		Disease		Symptoms		Duration		Time of Day		Time of Year	
Heart Disease		Myocardial Infarction		Chest Pain, Shortness of Breath		One Week		10:00 AM		Winter	
Occupation		Education		Marital Status		Previous Illnesses		Signature of Physician		Signature of Registrar	
Teacher		High School		Married		Hypertension		[Signature]		[Signature]	
Burial Place		Funeral Home		Cemetery		Interment		Burial Date		Burial Time	
St. John's Church		123 Main St		St. John's Cemetery		Section 1, Lot 10		Jan 18, 1913		10:00 AM	

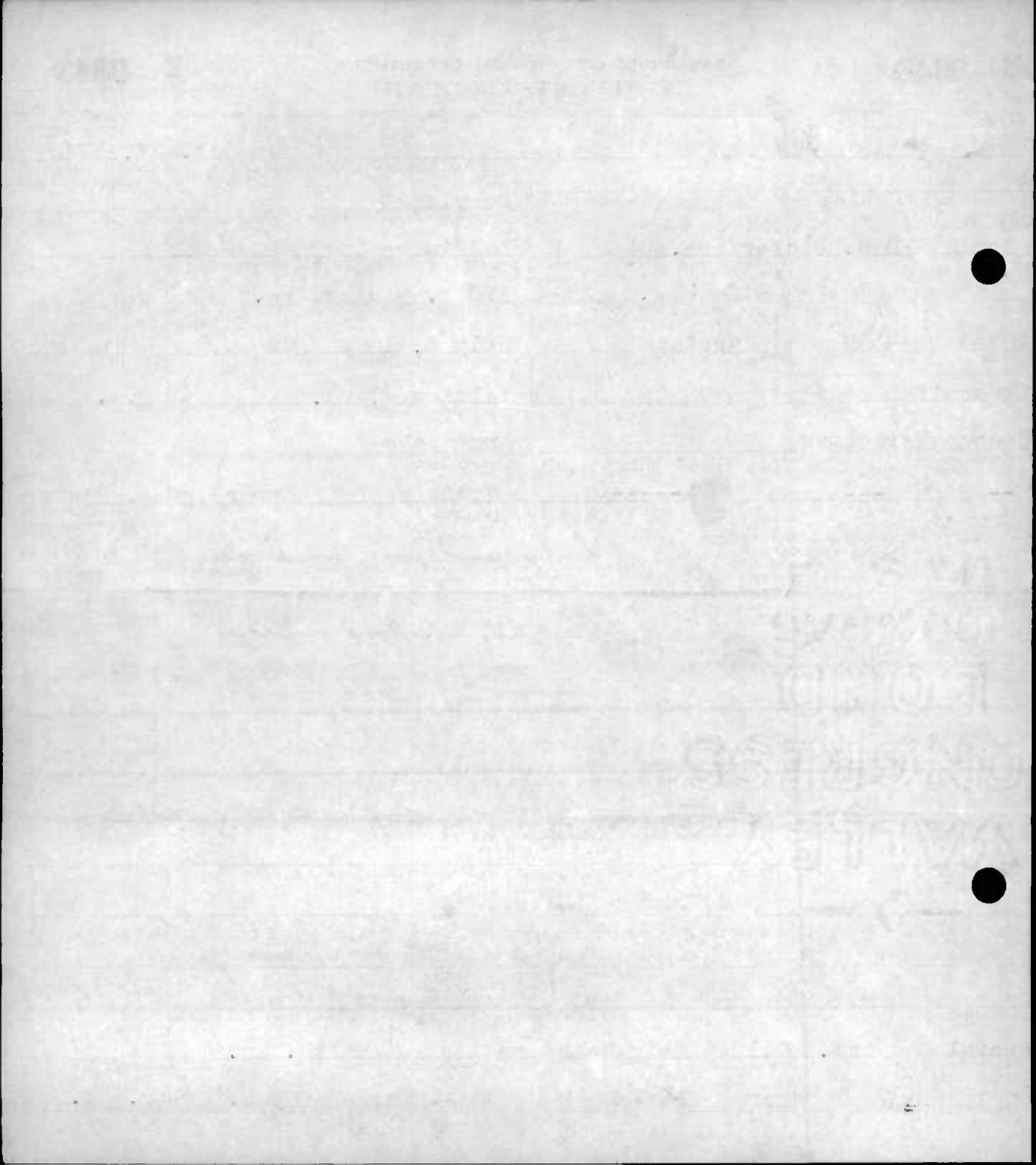
60
52 9843

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9843
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MARY ANNA SCHEPER		Oct. 27, 1952	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
Baltimore City, Maryland		A. STATE Maryland	
5. FULL NAME OF HOSPITAL OR INSTITUTION		B. COUNTY Baltimore	
120 N. Decker Ave.		6-01	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Life		120 N. Decker Ave.	
7. SEX	8. COLOR OR RACE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH
Female	White	Married	July 5, 1880
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (in years last birthday)	
Housewife		72	
13. FATHER'S NAME		14. CITIZEN OF WHAT COUNTRY?	
Joseph Reiselman		U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
---		---	
17. INFORMANT		ADDRESS	
Frank Henry Schepher		120 N. Decker Ave.	
18. 442X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)		(A) cardio-vascular diseases	
DUE TO			
ANTECEDENT CAUSES		(B) atherosclerosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
		(C)	
19. DATE OF OPERATION			
19a. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from Aug. 28, 1952, to Oct. 27, 1952, that I last saw the deceased alive on Oct. 27, 1952, and that death occurred at 11:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE		23b. ADDRESS	23c. DATE SIGNED
L. C. Schepher		447 W. Kenwood Ave.	Oct 28, 1952
M. D.			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 31, 1952	Holy Redeemer	Balto. Md.
25. FUNERAL DIRECTOR	ADDRESS		
John A. Moran	3000 E. Balto. St.		

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200

52 9844

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9844

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Sophia		OCT. 27-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
		A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN			
1407 Cooksie ST.		Baltimore 24-01			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
		1407 Cooksie ST.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. MONTHS Days Hours Min.
Female	White	MARRIED	MAR. 4-1888	64	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
At Home			BALTIMORE - Md.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
?		SKORDINSKI		ANNA ?	
16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
		MR. JAMES T. MEUSHAW-COOKSIE		1407	
18. 170X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma Breast (L).			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Metastases - Both Lungs & Liver			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 9/15, 1952, to 10/27, 1952, that I last saw the deceased alive on 10/23, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
John Scheurich M.D.		1337 S. Charles St.		10/28/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		10/30/52		Holy Cross	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
A.A.Co. Md		L. J. Ruck		5305 Harford Rd	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
OCT 28 1952		Huntington Williams, M.D.			

1450

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CERTIFICATE OF DEATH

STATE OF NEW YORK

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Dr. Scheuch
337 S. Charles.

150		BALTIMORE CITY HEALTH DEPARTMENT		52 9845	
52 9845		CERTIFICATE OF DEATH		Registered No. 52 9845	
BIRTH NO. 62-25620					
1. NAME OF DECEASED (Type or Print) Falloni, Baby Boy Vincent			2. DATE OF DEATH October 26, 1952		
3. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5200		
6. Length of stay in Baltimore 1 day			D. STREET ADDRESS (If rural, give location) 8210 Bon Air Avenue		
7. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH October 25, 1952	9. AGE (In years last birthday) 19 Months 5 Days	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? #14
13. FATHER'S NAME Vincent William Falloni			14. MOTHER'S MAIDEN NAME Patricia Adeline Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) None			16. SOCIAL SECURITY NO. Father - 8210 Bon Air Pl.		
17. INFORMANT Father - 8210 Bon Air Pl.			18. ADDRESS #14		
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity			CAUSE OF DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October 25, 1952 , to October 26, 1952 that I last saw the deceased alive on Oct. 26, 1952 and that death occurred at 3:20 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE J. M. Kruger			23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED Oct. 26, 1952
24A. BURIAL CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/28/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) BALTO Md.
25. DATE RECEIVED BY DEATH REGISTRAR OCT 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR L. J. Ruck	
VS 150		ADDRESS 5305 Harford			

TEST DATA		RESEARCH DATA	
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9	10	11	12
13	14	15	16
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45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
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85	86	87	88
89	90	91	92
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97	98	99	100

455
52 9846BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9846
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Adam
MR JOHN KUHLMAN2. DATE
OF
DEATH

27 OCTOBER 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

BALTO. MD.

4. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

802 N. CURLEY ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

7-01

O. STREET ADDRESS (If rural, give location)

802 N. Curley St.

Length of stay in Baltimore

3 1/2 life

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

Yrs.
Mos.
Days

8. DATE OF BIRTH

FEB 10, 1896

9. AGE (In years;
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Leather Worker

10B. KIND OF BUSINESS OR
INDUSTRY

J.M. Bucheimer

11. FATHER'S NAME

Michael John Kuhlman

Leather Goods (w)

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Anna Katherine Roeser

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dorothy Kuhlman, wife, above

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PNEUMONIA, LOBAR BILATERAL

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) UPPER RESPIRATORY INFECTION

DUE TO

4 days

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Coronary Insufficiency

SV. YES.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID
INJURY OCCUR?

None

21D. TIME (Month) (Day) (Year) (Hour)

None

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from 26 OCTOBER, 1952, to 27 OCTOBER, 1952, that I last saw the
deceased alive on 26 OCTOBER, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles P. Ennery M. O.

23B. ADDRESS

2722 E. Monument St

23C. DATE SIGNED

10/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd. Balto. Md.

25. DATE RECEIVED BY
LOCAL REGISTRAR

OCT 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

2601-3-5 E. Madison St.

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THE UNIVERSITY OF CHICAGO

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Journal of Interpersonal Violence 26(10) 1978-1997

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

230

52 9847

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 9847

Registered No.

NAME OF DECEASED

Type or Print)

MARGARET E. CASSIDY (Eva M. Cassidy)

DATE OF DEATH

Oct. 26, 1952

PLACE OF DEATH:

Baltimore City, Maryland 2452 E. Eager St.

FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-02

D. STREET ADDRESS (If rural, give location)

2452 E. Eager St.

Length of stay in Baltimore

life

Yrs.

Mos.

Days

SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Apr. 28, 1874

9. AGE (In years, last birthday)

78

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Zimmerman

14. MOTHER'S MAIDEN NAME

Louise Kees

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Barbara Beikirck, sister, above

ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

170X and E902.0

CAUSE OF DEATH

(A)

Ca of the Lumbar Vertebra

DUE TO

of Pelvis

(B)

Fracture of Femur

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 day

19. ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Had Carpal Left wrist

CERTIFICATION APPROVED BY

W. D.

OFFICE OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐

NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR?

2425 E. Eager St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

10-23-52

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

fell out of bed.

22. I hereby certify that I attended the deceased from Jan 10, 1952, to 10-26, 1952, that I last saw the deceased alive on 10-25, 1952, and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Fred Ruzicka

23B. ADDRESS

800 Williams St.

23C. DATE SIGNED

10-27-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

TE RECEIVED BY CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

DATE RECEIVED

OCT 28 1952

VS 150

N 821.0

95210

IN SENATE

January 1, 1900

REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE

FOR THE YEAR

1899

ALBANY:

WILLIAM H. BROWN, PRINTER

1900

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

IN SENATE

January 1, 1900

REPORT

OF THE

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1900

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OFFICE OF THE ATTORNEY GENERAL

IN SENATE

January 1, 1900

REPORT

OF THE

520

52 9848

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9848

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Shank, Mr. Arthur L. Shank

2. DATE
OF
DEATH

10-28-52

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Church Home and Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 24 26-08

D. STREET ADDRESS (If rural, give location)

3824 E Lombard Street

5. Length of stay in Baltimore

37

Yrs.
Mos.
Days

6. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7.25.1882

9. AGE (in years last birthday)

75

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired Cooper

10B. KIND OF BUSINESS OR INDUSTRY

Kimball Tylen

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Shank

14. MOTHER'S MAIDEN NAME

Amanda Weeds

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

1-2-52-18

17. INFORMANT

Patient

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial degeneration
(C) Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 24, 1952, to Oct. 28, 1952 that I last saw the deceased alive on Oct. 28, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

Church Home and Hospital

23C. DATE SIGNED

10-28-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25. FUNERAL RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 28 1952

Huntington Williams, M.D.

1800 E. Lombard St.

VS 150

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52 9849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9849

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
AMELIA A. JUNGHAUS		10-25-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION 134 COLLINS AVE.		A. STATE MD. C. CITY OR TOWN BALTIMORE D. STREET ADDRESS (If rural, give location) 134 COLLINS AVE.	
5. Length of stay in Baltimore		8. DATE OF BIRTH	
Yrs. Mos. Days		OCT. 6, 1889	
6. COLOR OR RACE		9. AGE (In years, last birthday)	
F W		62	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		11. BIRTHPLACE (State or foreign country)	
WIDOWED		MD.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	
CLERK - RET.		100 CREAM STORE	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
SCHAFER		NOT KNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
NO			
17. INFORMANT		ADDRESS	
Mrs. Margaret Junghaus		134 Collins Ave.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
Cancer of the Breast		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY?			
YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from JUNE 1952, to OCT. 25, 1952, that I last saw the deceased alive on 10/25, 1952, and that death occurred at 10:55 P. M., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
J. P. Jones, M. D.		3325 Frederick Ave.	
23C. DATE SIGNED			
10/27/52			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		10-29-52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Cathedral Ave.		Balds. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
OCT 28 1952		Huntington Williams, M. D.	
VS 150		25. FUNERAL DIRECTOR	
		George D. Insley	
		Cittasville Md.	
		39068 109812	

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52 9850

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9850

Registered No.

IRTH NO.

1. NAME OF DECEASED (Type or Print) LaBonne E. Forney		2. DATE OF DEATH 10/26/1952	
3. PLACE OF DEATH: Baltimore City, Maryland Yes		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Lifetime		D. STREET ADDRESS (If rural, give location) 312 South Stricker St- Balto-23-Md.	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH 9/12/1942
11. A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) School-girl		12. B. CITIZEN OF WHAT COUNTRY? MD.	
13. FATHER'S NAME Frank E. Forney		14. MOTHER'S MAIDEN NAME LaBonne E. Corkrill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —	
17. INFORMANT Frank E. Forney - 312 S Stricker St.		ADDRESS 312 S Stricker St.	
18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Chronic Glomerular Nephritis		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Muscular Dystrophy			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION 0		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. HOW DID INJURY OCCUR?			
30. I hereby certify that I attended the deceased from 10/25 , 19 52 to 10/26 , 19 52 , that I last saw the deceased alive on 10/26 , 19 52 , and that death occurred at 4:40 A.M. , from the causes and on the date stated above.			
31. SIGNATURE William G. Pillsbury		32. ADDRESS Bon Secours Hosp	
33. DATE SIGNED 10/26/52			
34. BURIAL, CREMATION, REMOVAL (Specify)		35. DATE	
36. NAME OF CEMETERY OR CREMATORY Cathedral Cen.		37. LOCATION (City, town, or county) (State) Balto. Md.	
38. RECEIVED BY Huntington Williams, M.D.		39. REGISTRAR'S SIGNATURE George A. Farley	
40. FUNERAL DIRECTOR George A. Farley		41. ADDRESS Catonville, Md.	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

NAME OF DECEASED _____		SEX _____		AGE _____	
PLACE OF BIRTH _____		DATE OF BIRTH _____		PLACE OF DEATH _____	
OCCUPATION _____		MARITAL STATUS _____		COLOR _____	
CAUSE OF DEATH _____		DISEASE OR INJURY _____		MANNER OF DEATH _____	
SIGNATURE OF PHYSICIAN _____		SIGNATURE OF CORONER _____		SIGNATURE OF WITNESS _____	
DATE _____		TIME _____		PLACE _____	

52 9852

GOOGLE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9852
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Virginia Goode

2. DATE
OF
DEATH

10/26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

4. FULL NAME OF
HOSPITAL OR
INSTITUTION

BAR. Wil-BA. 2101 W. Calver St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN

Lutherville

5300

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

School Lane

5. Length of stay in Baltimore

7

6. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-30-1888

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Homemaker

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHICH COUNTRY?

U.S.A.

13. FATHER'S NAME

Moses Goode

14. MOTHER'S MAIDEN NAME

Mary Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Chester Goodie 1937 N. Augusta St.

18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pneumonia, Terminal

INTERVAL BETWEEN
ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Debility

(C) Ca of Lungs

?

9 yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Robectomy was done at D.H.H.

1943.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19, 1943, to 10/26, 1952, that I last saw the deceased live on 10/20, 1952, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Bennett A. Starnes

Lutherville

10/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct 29, 1952

Pleasant Rest Cemetery

Baltimore County, Md.

25. FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

ADDRESS

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

Rayner Sanders

217 E. Preston St.

VS 150

72508A 0 0 9 8 4 5

52 9853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 9853

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

B.
India Goodman

2. DATE OF DEATH
Oct. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY
Kent

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rock Hall

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 16, 1906

9. AGE (In years last birthday)

45 yrs.

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Brooks

Deceased

14. MOTHER'S MAIDEN NAME

Ellen Ruby

Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.
None

17. INFORMANT ADDRESS
Francis Goodman - Rock Hall, Md.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Gastric Dilatation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Insufficiency 5 years

DUE TO

(C) Coronary Sclerosis 5 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Post-operative Adhesions

1 year

19A. DATE OF OPERATION

10/24/52

19B. MAJOR FINDINGS OF OPERATION

Post-operative Adhesions

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13, 1952, to 10/28, 1952, that I last saw the deceased alive on 10/28, 1952, and that death occurred at 6:30 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

10/28/52

A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Oct. 31 1952

24C. NAME OF CEMETERY OR CREMATORY

Wesley Chapel Cem.

24D. LOCATION (City, town, or county) (State)

Rock Hall, Maryland

RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

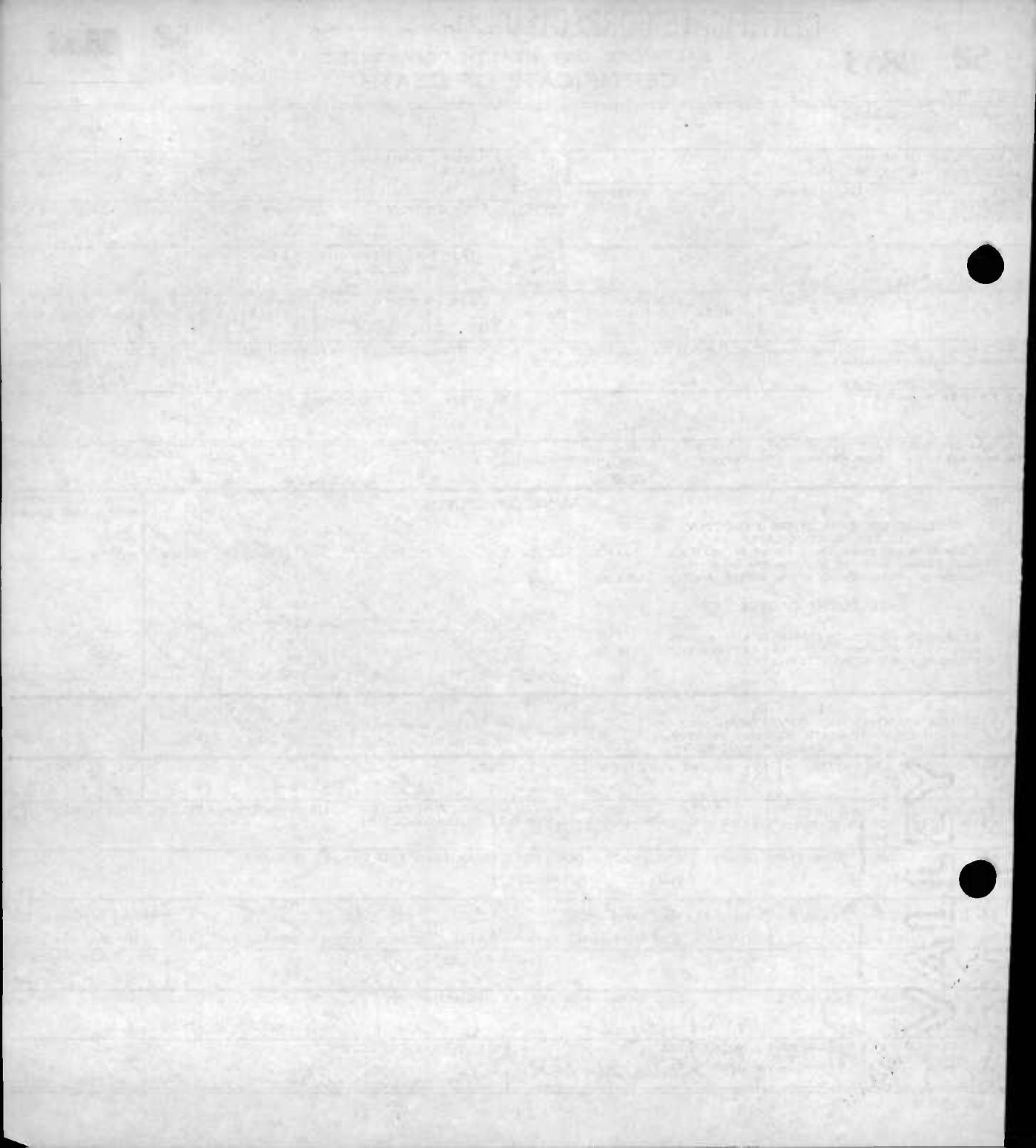
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Marvin V. Williams - Chestnut Hill, Md.

OCT 29 1952



653

52 9854

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9854

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie Bryant

2. DATE
OF
DEATH

10/26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Providence Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-02

D. STREET ADDRESS (If rural, give location)

1018-N. Stricker St

C. Length of stay in Baltimore

36 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1882

9. AGE (In years
last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

own home work

11. BIRTHPLACE (State or foreign country)

Sampson, N.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Floyd

14. MOTHER'S MAIDEN NAME

Martha Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anna Bryant 1018 Stricker St

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerosis (generalized)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Myocardial Failure

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 1952, to 10/26, 1952, that I last saw the
deceased alive on 10/26, 1952, and that death occurred at 2:25 m., from the causes and on the date stated above.

23A. SIGNATURE

G. W. Bonfield

M. D.

23B. ADDRESS

722 N. Fulton Ave

23C. DATE SIGNED

10/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/30/52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. park Hale Thorne, Balto

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Metropolitan Funeral Home, Inc.
1949 Edmondson Ave

ADDRESS

1280

57

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of burial place		18. Signature of interment		19. Signature of burial place		20. Signature of interment	
21. Signature of burial place		22. Signature of interment		23. Signature of burial place		24. Signature of interment	
25. Signature of burial place		26. Signature of interment		27. Signature of burial place		28. Signature of interment	
29. Signature of burial place		30. Signature of interment		31. Signature of burial place		32. Signature of interment	
33. Signature of burial place		34. Signature of interment		35. Signature of burial place		36. Signature of interment	
37. Signature of burial place		38. Signature of interment		39. Signature of burial place		40. Signature of interment	
41. Signature of burial place		42. Signature of interment		43. Signature of burial place		44. Signature of interment	
45. Signature of burial place		46. Signature of interment		47. Signature of burial place		48. Signature of interment	
49. Signature of burial place		50. Signature of interment		51. Signature of burial place		52. Signature of interment	
53. Signature of burial place		54. Signature of interment		55. Signature of burial place		56. Signature of interment	
57. Signature of burial place		58. Signature of interment		59. Signature of burial place		60. Signature of interment	
61. Signature of burial place		62. Signature of interment		63. Signature of burial place		64. Signature of interment	
65. Signature of burial place		66. Signature of interment		67. Signature of burial place		68. Signature of interment	
69. Signature of burial place		70. Signature of interment		71. Signature of burial place		72. Signature of interment	
73. Signature of burial place		74. Signature of interment		75. Signature of burial place		76. Signature of interment	
77. Signature of burial place		78. Signature of interment		79. Signature of burial place		80. Signature of interment	
81. Signature of burial place		82. Signature of interment		83. Signature of burial place		84. Signature of interment	
85. Signature of burial place		86. Signature of interment		87. Signature of burial place		88. Signature of interment	
89. Signature of burial place		90. Signature of interment		91. Signature of burial place		92. Signature of interment	
93. Signature of burial place		94. Signature of interment		95. Signature of burial place		96. Signature of interment	
97. Signature of burial place		98. Signature of interment		99. Signature of burial place		100. Signature of interment	

52 9855

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9855

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DUNDAS D, LOGAN

2. DATE
OF
DEATH

Oct. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1637 Ruxton Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1637 Ruxton Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 24, 1888

9. AGE (In years last birthday)

64

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ship Steward

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Jamaica

12. CITIZEN OF WHAT COUNTRY?

B. W. I.

13. FATHER'S NAME

Walton Logan

14. MOTHER'S MAIDEN NAME

Euna Penter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
Yes, no or unknown

16. SOCIAL SECURITY NO.

021-12-4363

17. INFORMANT

ADDRESS

Mrs. Mary Logan 1637 Ruxton Av.

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardio
Vascular DiseaseINTERVAL BETWEEN
ONSET AND DEATH

18 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-22, 1931, to 10-26, 1931, that I last saw the deceased alive on 10-24, 1931, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

W. Atwell Jones

M. D.

23B. ADDRESS

634 Dolphin St

23C. DATE SIGNED

10-27-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-29-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Frances R. Hunsley

ADDRESS

238 W. Biddle St.

OCT 29 1952

764355009848

8

52 9856

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9856
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LENA

CLEMONS

2. DATE
OF
DEATH

October 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female

Colored

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

13. FATHER'S NAME

Samuel Hutchins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-30-6690

17. INFORMANT

ADDRESS

Mr. Charles Howewell 810 W. Franklin

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

Oct. 28, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10-30-52

Mt. Auburn Cem.

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

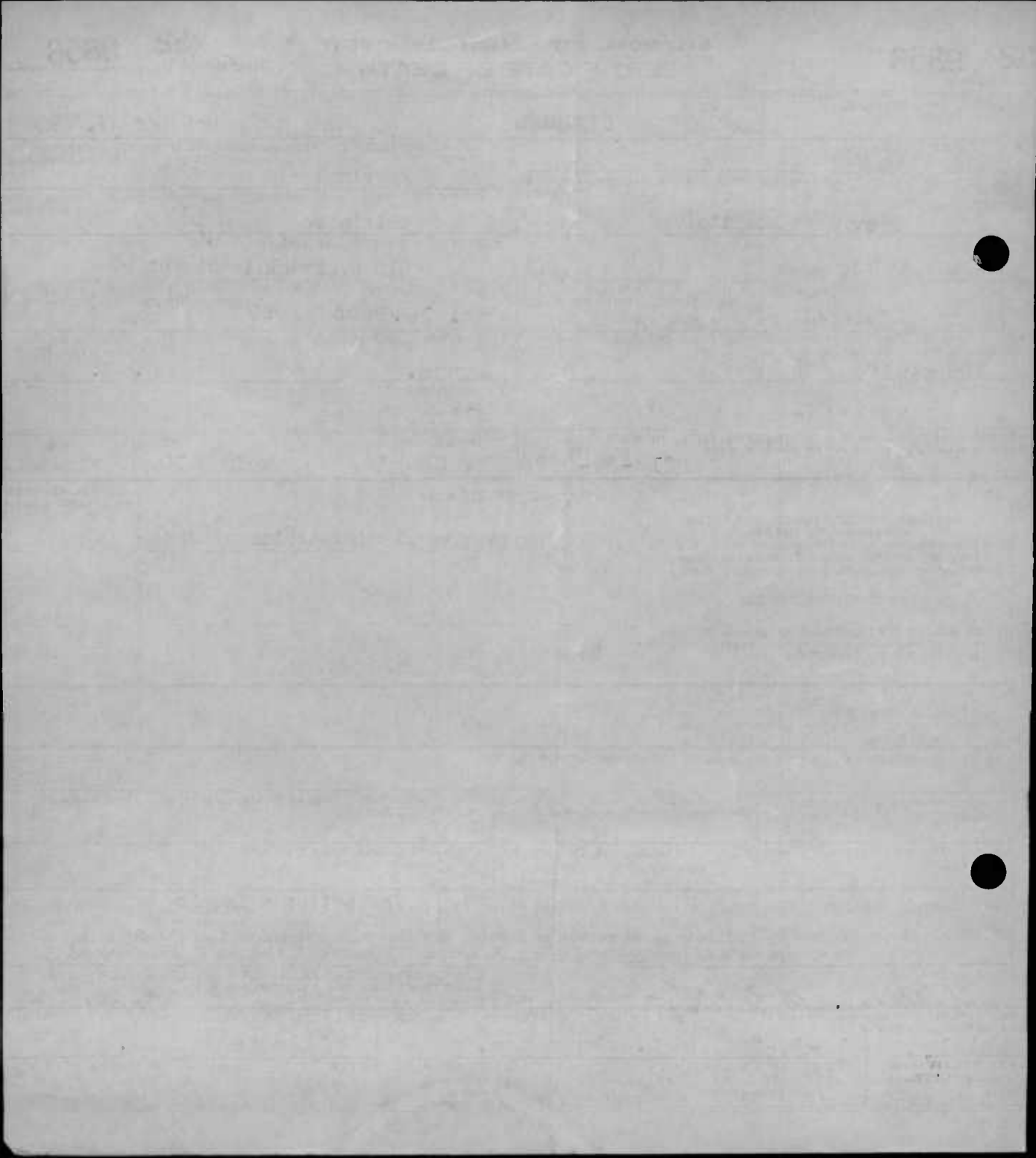
ADDRESS

OCT 29 1952

Huntington Williams, M.D.

578a

VS 151



260

52 9857

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9857

BIRTH NO.		1. NAME OF DECEASED (Type or Print) FRANCES^M LOCHARY		2. DATE OF DEATH 10-27-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-04			
c. Length of stay in Baltimore About 20 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1316 Bolton St - 17			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1-19-78	9. AGE (In years last birthday) 74	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Thomas's Run, Harford Co. Md.	
13. FATHER'S NAME John Lochary		14. MOTHER'S MAIDEN NAME Mary Wilson		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Hess Roads	

18. 493X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Malnutrition DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pneumonia DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 6 months 2 months
--	--	--

19A. DATE OF OPERATION 10/30/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/22, 1952 to 10/27, 1952 , that I last saw the deceased alive on 10/27, 1952 , and that death occurred at 6:10A m. , from the causes and on the date stated above.					
23A. SIGNATURE Charles R. Ireland M. O.		23B. ADDRESS Mary Hook		23C. DATE SIGNED 10/27/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/30/52		24C. NAME OF CEMETERY - CREMATOR St. Ignatius'	
24D. LOCATION (City, town, or county) Hickory, Md.		24E. LOCATION (City, town, or county) (State)			

DATE RECEIVED BY LOCAL REGISTRAR OCT 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS W. W. Meades and Son 805 N. Calvary St.	
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1000 97

97

1000 97

97



52

9858

ROTHENBURG

BALTIMORE CITY HEALTH DEPARTMENT

52

9858

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-25056

1. NAME OF DECEASED
(Type or Print)

Baby boy Rothenburg

2. DATE
OF
DEATH

Oct. 18, 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Sutherland Hosp of Md

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. SEX

M

E. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Oct 16, 52

9. AGE (In years,
last birthday)

new born

H Under 1 Year
Months: Days: H Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

George Edward Rothenburg

14. MOTHER'S MAIDEN NAME

Milly Doyle Buak Lamer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Pre-maturity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Oct 16, 1952, to Oct 18, 1952, that I last saw the
deceased alive on Oct 18, 1952, and that death occurred at 4:51 p.m. from the causes and on the date stated above.

23A. SIGNATURE

Nathan Bloch

M. D.

23B. ADDRESS

Kidge Rd Balto

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL OCT 28 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 29 1952

Huntington Williams, M.D.

VS 150

1520009851

52 9859

BALTIMORE CITY HEALTH DEPARTMENT

52 9859

Registered No.

BIRTH NO. 52-25329 CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

Baby girl Hamilton

2. DATE
OF
DEATH

Oct 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hosp of Md

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. SEX

F

E. COLOR OR RACE

W

F. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

B. COUNTY

353 Edgewater apt, Langley Rd Balto Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Md

D. STREET ADDRESS (If rural, give location)

353 Edge Dalw Apt. Langley Rd Balto, Md

8. DATE OF BIRTH

Oct 12, 52

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days: Hours: Min.

6 X

11. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

12. KIND OF BUSINESS OR
INDUSTRY

13. BIRTHPLACE (State or foreign country)

Lutheran Hosp. of Md

14. CITIZEN OF
WHAT COUNTRY?

U.S.

15. FATHER'S NAME

Joel Glade Hamilton

16. MOTHER'S MAIDEN NAME

Ernestine Helen Batten

17. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

18. SOCIAL
SECURITY NO.

19. INFORMANT

ADDRESS

18.

776x
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TOII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CAUSE OF DEATH

Pre-maturity

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 1952, to Oct 18, 1952, that I last saw the
deceased alive on Oct 18, 1952, and that death occurred at 12:53 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Bloch

M. D.

23B. ADDRESS

Ridge Rd. Balto

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL OCT 28 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

OCT 29 1952

VS 150

9520009852

STATEMENT OF DEATH

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529860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

529860

Registered No.

BIRTH NO.

1. NAME OF DECEASED

Type or Print)

Bernice Kamaroff

2. DATE OF DEATH

10/28/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION

(If not in hospital or institution, give street address or location)

Lutheran Hosp

6. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

27-17

7. Length of stay in Baltimore

Yrs.

Mos.

Days

Life

8. DATE OF BIRTH

5/13/25

9. SEX

F

10. COLOR OR RACE

W

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

12. AGE (In years last birthday)

27

13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stenographer

14. KIND OF BUSINESS OR INDUSTRY

Balto. City

15. BIRTHPLACE (State or foreign country)

MD Baltimore

16. CITIZEN OF WHAT COUNTRY?

17. FATHER'S NAME

Charles

18. MOTHER'S MAIDEN NAME

Belia

19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

ea, no or unknown)

20. SOCIAL SECURITY NO.

21. INFORMANT

Belia Kamaroff-

22. ADDRESS

same

23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

24. CAUSE OF DEATH

(A) Bilateral pyelonephritis

DUE TO

Subacute glomerulonephritis

(B) Hydronephrosis (negs)

DUE TO

Chronic Hepatitis

(C)

25. INTERVAL BETWEEN ONSET AND DEATH

2 wks.

26. ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

28. DATE OF OPERATION

10/28/52

29. MAJOR FINDINGS OF OPERATION

30. AUTOPSY?

YES

NO

31. ACCIDENT, SUICIDE, HOMICIDE (Specify)

32. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

33. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

34. TIME (Month) (Day) (Year) (Hour) OF INJURY

35. INJURY OCCURRED

WHILE AT WORK

NOT WHILE AT WORK

36. HOW DID INJURY OCCUR?

37. I hereby certify that I attended the deceased from 10/14, 1952, to 10/28, 1952, that I last saw the deceased alive on 10/28, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

38. SIGNATURE

Huntington J. Williams, M. D.

39. ADDRESS

Lutheran Hosp.

40. DATE SIGNED

10/28/52

41. BURIAL, CREMATION, REMOVAL (Specify)

42. DATE

10-29-52

43. NAME OF CEMETERY OR CREMATORY

Beth T. Telok

44. LOCATION (City, town, or county)

Balto Md

45. DATE RECEIVED BY LOCAL REGISTRAR

OCT 29 1952

46. REGISTRAR'S SIGNATURE

Huntington Williams

47. FUNERAL DIRECTOR

Charles Lewis

48. ADDRESS

3100 Canton Pl

VS 150

935693

514

52 9861

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9861
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Herbert Campbell

2. DATE
OF
DEATH

Oct. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1400 N. Lexington

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Aged Home and
aged Maria Homes

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore 19-02

D. STREET ADDRESS (If rural, give location)

1400 N. Lexington St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

May 7, 1871

9. AGE (In years
last birthday)

81

10. Under 1 Year
Months! Days

5

11. Under 24 Hours
Hours! Min.

20

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Harvey Campbell

14. MOTHER'S MAIDEN NAME

Jane Ann Ness

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

L. H. Read

ADDRESS

1400 N. Lexington St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Hemorrhage
DUE TO

48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Arteriosclerotic
DUE TO Cerebrovascular disease

YES

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1949, to October 27, 1952, that I last saw the
deceased alive on October 27, 1952, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Newland Edward Day

M. D.

23B. ADDRESS

4-E-33rd St - Balt 18

23C. DATE SIGNED

October 28, 1952

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

10/30/52

24C. NAME OF CEMETERY OR CREMATORY

Laurel Grove

24D. LOCATION (City, town, or county)

Patterson, New Jersey

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

W. M. Cook, Inc., 1217 St. Paul St

CT 29 1952

VS 150

5-20009554

1280

52

THE HONORABLE SECRETARY OF DEFENSE
WASHINGTON, D. C. 20301

1280 52

RECEIVED JAN 1964
EVANS 1100 0101

JAN 19 1964

1280

TO: THE SECRETARY OF DEFENSE
FROM: THE SECRETARY OF DEFENSE
SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or official correspondence.]

52 9862

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

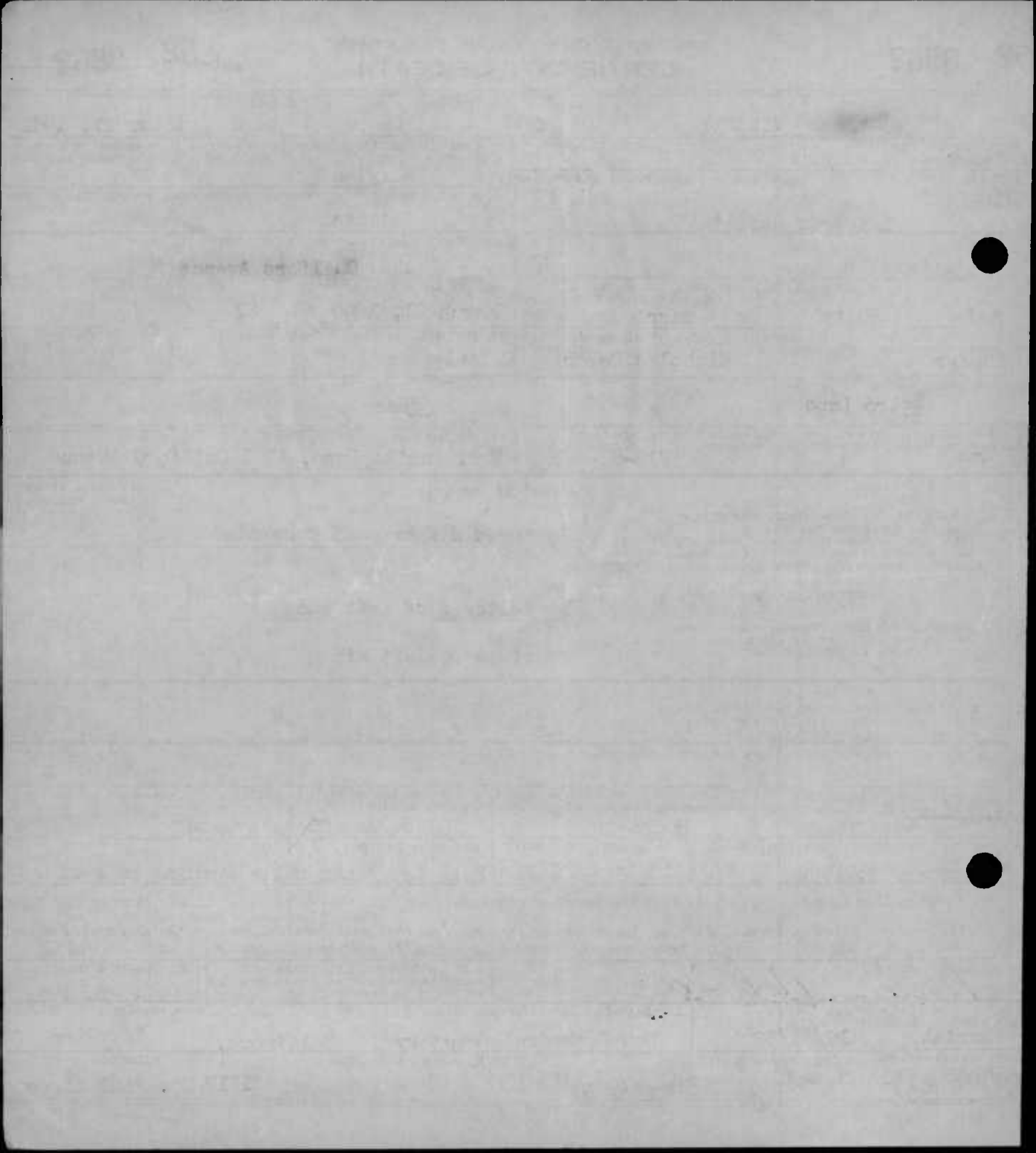
Registered No. 52 9862

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
VINCENT LUPO		October 27, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		A. STATE Maryland	
c. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05	
5. SEX Male		D. STREET ADDRESS (If rural, give location) 1701 Guilford Avenue	
6. COLOR OR RACE White		8. DATE OF BIRTH March 21, 1890	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		9. AGE (in years last birthday) 62	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofer		11. BIRTHPLACE (State or foreign country) Italy	
10B. KIND OF BUSINESS OR INDUSTRY Nicholas Defori		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Petro Lupo		14. MOTHER'S MAIDEN NAME Josep	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		17. INFORMANT ADDRESS Mrs. Lucile Lupo, 1701 Guilford Avenue	
16. SOCIAL SECURITY NO. 213-03-5732			

18. E902.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ruptured diaphragmatic hernia NO TOX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Atelectasis of left lung NO TOX Fracture of left hip		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 103 S. Monastery Avenue 20-7
21D. TIME (Month) (Day) (Year) (Hour) October 17, 1952		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell to ground while working on roof
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE William Williams		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D.		23C. DATE SIGNED Oct. 28, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 10/31/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	24D. LOCATION (City, town, or county) Baltimore,	(State) Maryland

DATE RECEIVED BY LOCAL REGISTRAR OCT 29 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. Cook, Inc.	ADDRESS 217 St. Paul Street
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9864
Registered No. 52 9864

BIRTH NO. Non Rec.

1. NAME OF DECEASED (Type or Print) <u>Mrs. Brown</u>		2. DATE OF DEATH <u>Oct. 26 50</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>4A</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Ind.</u> B. COUNTY <u>Anne Arundel</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Harwood.</u>	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>5200</u>	
7. SEX <u>Female</u>	8. COLOR OR RACE <u>Negro</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>-</u>	10. DATE OF BIRTH <u>10-3-53</u>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday) <u>23</u>	
13. FATHER'S NAME <u>Harry Brown</u>		14. BIRTHPLACE (State or foreign country) <u>Ind.</u>	
15. WAS DECEASED MEMBER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? <u>Else?</u>	
17. SOCIAL SECURITY NO.		18. INFORMATION ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	

18. <u>763.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pneumonia.</u>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Subdural Hemorrhage.</u>		

19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct. 21, 1953 to Oct. 26, 1953 that I last saw the deceased alive on Oct. 26 1953 and that death occurred at 2:15 p. m. from the causes and on the date stated above.

23A. SIGNATURE <u>Harrison Pinckton Jr.</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <u>Forest Burial</u>	24D. LOCATION (City, town, or county) (State)	
25. FUNERAL DIRECTOR	ADDRESS			
26. I hereby certify that I attended the deceased from <u>Oct. 21, 1953</u> to <u>Oct. 26, 1953</u> that I last saw the deceased alive on <u>Oct. 26 1953</u> and that death occurred at <u>2:15 p. m.</u> from the causes and on the date stated above.				
OCT 29 1952 VS 150 REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u> <u>Hospital Disposal 9857</u>				

STATE OF NEW YORK
BUREAU OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 9865

2 9865

BIRTH NO.

62-26105

1. NAME OF DECEASED
(Type or Print)

Baby Boy Muir

2. DATE
OF
DEATH

10-25-52.

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
NURSING HOME

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write full name of city and give township)

Baltimore - 18-04

D. STREET ADDRESS (If rural, give location)

418 E. 20th St.

6. Length of stay in Baltimore

3 hrs 10 min.

7. SEX

M

8. COLOR OR RACE

W

9. (SINGLE) MARRIED,
WIDOWED, DIVORCED (Specify)

10. DATE OF BIRTH

10-25-52

11. AGE (In years
last birthday)12. Under 1 Year
Months: Days13. Under 24 Hours
Hours: Min.

3 10

14A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)14B. KIND OF BUSINESS OR
INDUSTRY

15. BIRTHPLACE (State or foreign country)

Maryland.

16. CITIZEN OF
WHAT COUNTRY?

USA.

17. FATHER'S NAME

William Muir

18. MOTHER'S MAIDEN NAME

Elva Virginia Haislop

19. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)20. SOCIAL
SECURITY NO.

21. INFORMANT

ADDRESS

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 10-25, 1952, to 10-25, 1952, that I last saw the
deceased alive on 10-25, 1952, and that death occurred at 10:53 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Harold S. Green, Jr.

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

10-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 29 1952

4520009850

650
2 9866BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9866
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Jamun Green</i>		2. DATE OF DEATH <i>Oct 28 1952</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Providence Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. LENGTH OF STAY IN BALTIMORE <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1604 M^o Seldery St.</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>Col</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	10. DATE OF BIRTH <i>July 4 1882</i>
11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) <i>Telephone Operator</i>		12. AGE (In years last birthday) <i>70</i>	
13. FATHER'S NAME <i>Osiah Green</i>		14. MOTHER'S MAIDEN NAME <i>Martha Kurrey</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>James Green</i>		18. ADDRESS <i>1604 M^o Seldery St.</i>	
19. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>		20. CAUSE OF DEATH <i>Hypertension Cardio-Vasculosis</i>	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		22. INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
23. DATE OF OPERATION <i>0</i>		24. MAJOR FINDINGS OF OPERATION	
25. ACCIDENT, SUICIDE, HOMICIDE (Specify)		26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		28. TIME (Month) (Day) (Year) (Hour) OF INJURY	
29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		30. HOW DID INJURY OCCUR?	
31. I hereby certify that I attended the deceased from <i>July 4, 1952</i> to <i>Oct 28, 1952</i> that I last saw the deceased alive on <i>Oct 28, 1952</i> , and that death occurred at <i>7:30 P.M.</i> , from the causes and on the date stated above.			
32. SIGNATURE <i>Deen Harris</i>		33. ADDRESS <i>12024 Coroline Dr</i>	
34. DATE SIGNED <i>Oct 24 1952</i>		35. DATE SIGNED	
36. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		37. DATE <i>Oct 16 1952</i>	
38. NAME OF CEMETERY OR CREMATORY <i>mt Auburn Cemetery</i>		39. LOCATION (City, town, or county) (State) <i>Balt. md</i>	
40. RECEIVED BY REGISTRAR <i>CT 29 1952</i>		41. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
42. FUNERAL DIRECTOR <i>1629 N. Carroll St.</i>		43. ADDRESS <i>Ms. Robert A. Elliott Daugherty</i>	
VS 150 50938V 1129 N. Carroll St.			

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9867

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9867
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Gertrude Stoll (Hawkins)		Oct 26, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
Johns Hopkins Hospital		A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-07	
6. Length of stay in Baltimore - 35 yrs		D. STREET ADDRESS (If rural, give location) 1733 E. Preston St.	
7. SEX Female	8. COLOR OR RACE Colored	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	10. B. DATE OF BIRTH 12-9-1886
11. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. B. AGE (In years last birthday) 65	
13. C. FATHER'S NAME Alexander Boyd		14. D. MOTHER'S MAIDEN NAME Sarah Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. 18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarct		19. 19. CAUSE OF DEATH Hypertensive Arteriosclerosis? 2 yrs	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Right hemiplegia, old		21. INTERVAL BETWEEN ONSET AND DEATH 2 d	
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		23. 24. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
25. 19A. DATE OF OPERATION		26. 19B. MAJOR FINDINGS OF OPERATION	
27. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		28. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
29. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		30. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
31. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		32. 21F. HOW DID INJURY OCCUR?	
33. 22. I hereby certify that I attended the deceased from 10/25, 1952, to 10/26, 1952, that I last saw the deceased alive on 10/26, 1952, and that death occurred at 7:15 P.M., from the causes and on the date stated above.			
34. 23A. SIGNATURE Thomas R. ...		35. 23B. ADDRESS JOHNS HOPKINS HOSPITAL	
36. 23C. DATE SIGNED 10/27/52		37. 23D. DATE	
38. 24A. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.		39. 24B. LOCATION (City, town, or county) (State) A.A. County Md.	
40. 25. FUNERAL DIRECTOR Mrs. R.H. A. ...		41. 25. FUNERAL DIRECTOR ADDRESS 2129 N. Caroline St.	
42. VS 150			

452

9868

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9868

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary E. Holmes

2. DATE
OF
DEATH

10/27/52

3. PLACE OF DEATH:

Baltimore City, Maryland Baltimore, City

4. FULL NAME OF
(If not in hospital or institution, give street address or
OSPITAL OR location)
INSTITUTION

1014 Warner Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Md

D. STREET ADDRESS (If rural, give location)

1014 Warner Street

Length of stay in Baltimore

Life

Yrs.
Mos.
Days5. SEX
F6. COLOR OR RACE
C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
S

8. DATE OF BIRTH

9/8/1925

9. AGE (in years
last birthday)

27

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Holmes

14. MOTHER'S MAIDEN NAME

Alice White

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alice Holmes-1014 Warner Street

18. 490X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)Respiratory failure
pneumonia lobarINTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/7, 1952, to 10/27, 1952, that I last saw the
deceased alive on 10/26/1952 and that death occurred at 7-30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

95200

108928 Montgomery St

500
9869BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9869

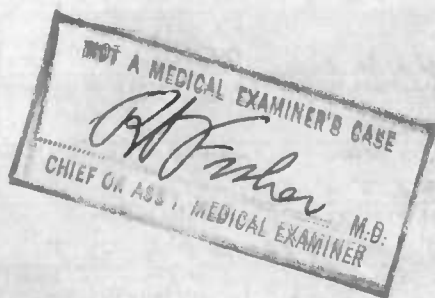
1. NAME OF DECEASED (Type or Print) FEENEY SUSANNA K		2. DATE OF DEATH 27 OCT 1952	
3. PLACE OF DEATH: Baltimore City, Maryland 1405 S. CHARLES		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 23-00	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 1405 S. Charles ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Life		D. STREET ADDRESS (If rural, give location) 1405 S. Charles ST.	
7. SEX F	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	10. DATE OF BIRTH July 18, 1878
11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) Housewife		12. AGE (In years: last birthday) 74	
13. FATHER'S NAME Wm. Koesters		14. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —	
17. INFORMANT Catherine Feeney, 1405 S. Charles ST		18. ADDRESS 1405 S. Charles ST	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		20. INTERVAL BETWEEN ONSET AND DEATH 12 days	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis, Coronary		22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis, Generalized	
23. DATE OF OPERATION None		24. MAJOR FINDINGS OF OPERATION None	
25. ACCIDENT, SUICIDE, HOMICIDE (Specify) None		26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY None		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. WHERE DID INJURY OCCUR? None		30. HOW DID INJURY OCCUR? None	
31. I hereby certify that I attended the deceased from 19 Nov 1936 , to 27 Oct 1952 , that I last saw the deceased alive on 26 Oct 1952 , and that death occurred at 0655 from the causes and on the date stated above.			
32. SIGNATURE Conrad Oetow M.D.		33. ADDRESS 1208 St. Paul St.	
34. DATE SIGNED 27 Oct 52		35. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.	
36. LOCATION (City, town, or county) (State) A.A. Co. Md.		37. DATE RECEIVED BY LOCAL REGISTRAR Oct 29 1952	
38. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		39. FUNERAL DIRECTOR Elizabeth Hark, 115 E. West St.	

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220
9871BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9871

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Stella Bogus</i>		2. DATE OF DEATH <i>October 27, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 21 Essex 5554</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>252 HOLLY BEACH ROAD</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>APRIL 15-1891</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		9B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>61</i>
10. FATHER'S NAME <i>Anthony Lucous</i>		11. BIRTHPLACE (State or foreign country) <i>LITHUANIA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>Unknown</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Records</i>	
18. <i>174X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Arterio-sclerotic Cardiovascular Disease</i> DUE TO (B) <i>Cardiac Failure</i> DUE TO (C) <i>Possible Carcinoma of Uterus</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-16</i> , 1952, to <i>10-27</i> , 1952, that I last saw the deceased alive on <i>10-27</i> , 1952, and that death occurred at <i>7:35 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Virginia Hunter</i> M.D.		23B. ADDRESS <i>University Hospital</i>	
23C. DATE SIGNED <i>10-27-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct 31/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	24D. LOCATION (City, town, or county) (State) <i>Belair Rd Md</i>
25. FUNERAL DIRECTOR <i>Huntington Williams</i>	26. ADDRESS <i>MRS. W. KACHAUSKAS 703 MCKENRY ST.</i>		

VS 150

9520009864

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

1901

REGISTERED MEDICAL EXAMINER

CAUSE OF DEATH

DECEASED WAS EXAMINED BY REGISTERED MEDICAL EXAMINER
 WHO FOUND THAT DECEASED HAD BEEN
 KILLED BY A FALL FROM A HEIGHT OF
 APPROXIMATELY 10 FEET. DECEASED
 WAS FOUND BY A NEIGHBOR WHO
 CALLED THE POLICE. DECEASED
 WAS FOUND ALONE IN A ROOMING HOUSE
 ON THE SECOND FLOOR. DECEASED
 WAS NOT INJURED PRIOR TO THE FALL.

DECEASED

DECEASED

DECEASED

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263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9872

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/28, 1952, to 10/29, 1952, that I last saw the
deceased alive on 10/29, 1952, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9873**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELIZABETH T. MC PARTLAND			2. DATE OF DEATH Oct. 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5405 Morello Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-06		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5405 Morello Road		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 7, 1874		9. AGE (In years last birthday) 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home - Retired Sales Lady - Dept			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LONACONING Md.
13. FATHER'S NAME Hugh Thompson			14. MOTHER'S MAIDEN NAME Mary M. Mc Farland		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. 312-03-7261		
17. INFORMANT			ADDRESS Mrs. Mary Edna Boyd, 5405 Morello Rd		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Hypertensive Cardiovascular Disease 20 years		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis		
DUE TO (B)		
DUE TO (C) Cirrhosis of Liver Emaciation		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 18, 1945**, to **Oct 29, 1952**, that I last saw the deceased alive on **Oct 27, 1952**, and that death occurred at **3:45 Am.**, from the causes and on the date stated above.

23A. SIGNATURE H. V. Harold	23B. ADDRESS 4706 Harford Road	23C. DATE SIGNED Oct. 29, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/31/52	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
25A. RECEIVED BY LOCAL REGISTRAR CT 29 1952	25B. REGISTRAR'S SIGNATURE Huntington W. Williams		25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.

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RECEIVED MAY 14 1960
U.S. DEPARTMENT OF JUSTICE

001 25 100

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK
SUBJECT: [Illegible]
[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a memorandum or letter containing several paragraphs of text, possibly including names, dates, and references. Some words like "New York", "Bureau", and "subject" are faintly visible.]

arbold

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9874**

BIRTH NO. **632**
9874

1. NAME OF DECEASED (Type or Print) G. GEORGE . BARTZ			2. DATE OF DEATH OCT. 28, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) SINAI HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Month of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 7406 Old HARFORD Road		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 2-1892	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Philadelphia - P.A.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME LOUIS BARTZ			14. MOTHER'S MAIDEN NAME JULIANNA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. MARY BARTZ		
			ADDRESS 7406 OLD HARFORD		

18. 151X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) CORONARY OCCLUSION		DUE TO	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) EMPHYSEMA E RT. HEART FAILURE	
		DUE TO	
		(C) CARCINOMA OF THE STOMACH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 10-27-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-27 , 19 52 , to 10-28 , 19 52 , that I last saw the deceased alive on 10-28 , 19 52 , and that death occurred at 3:25 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Bernard Balshin		23B. ADDRESS Sinai Hosp. Baltimore		23C. DATE SIGNED 10-28-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/31/52	24C. NAME OF CEMETERY OR CREMATORY Moreland Park		24D. LOCATION (City, town, or county) (State) BALTO Md
25. FUNERAL DIRECTOR Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS J. Ruck 5305 Harford Rd			

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STATE OF NEW YORK

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52 9876

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9876

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
JOHNS HOPKINS HOSPITALYrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX male 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 7544 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office building, etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from 10-23, 1952, to 10-29, 1952, that I last saw the deceased alive on 10-29, 1952, and that death occurred at 9:40 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

VS 150

9520009

4600 L. Hgt. on

10-10-68

RECEIVED CIVILIAN SERVICE

10-10-68

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF DEATH		5. TIME OF DEATH		6. PLACE OF DEATH	
7. CAUSE OF DEATH		8. MANNER OF DEATH		9. SIGNATURE OF DECEASED	
10. SIGNATURE OF WITNESSES		11. SIGNATURE OF PHYSICIAN		12. SIGNATURE OF CORONER	
13. SIGNATURE OF JUDGE		14. SIGNATURE OF CLERK		15. SIGNATURE OF NOTARY	

16. SIGNATURE OF DECEASED		17. SIGNATURE OF WITNESSES		18. SIGNATURE OF PHYSICIAN	
19. SIGNATURE OF CORONER		20. SIGNATURE OF JUDGE		21. SIGNATURE OF CLERK	
22. SIGNATURE OF NOTARY		23. SIGNATURE OF DECEASED		24. SIGNATURE OF WITNESSES	
25. SIGNATURE OF PHYSICIAN		26. SIGNATURE OF CORONER		27. SIGNATURE OF JUDGE	
28. SIGNATURE OF CLERK		29. SIGNATURE OF NOTARY		30. SIGNATURE OF DECEASED	

31. SIGNATURE OF WITNESSES		32. SIGNATURE OF PHYSICIAN		33. SIGNATURE OF CORONER	
34. SIGNATURE OF JUDGE		35. SIGNATURE OF CLERK		36. SIGNATURE OF NOTARY	
37. SIGNATURE OF DECEASED		38. SIGNATURE OF WITNESSES		39. SIGNATURE OF PHYSICIAN	
40. SIGNATURE OF CORONER		41. SIGNATURE OF JUDGE		42. SIGNATURE OF CLERK	
43. SIGNATURE OF NOTARY		44. SIGNATURE OF DECEASED		45. SIGNATURE OF WITNESSES	

46. SIGNATURE OF PHYSICIAN		47. SIGNATURE OF CORONER		48. SIGNATURE OF JUDGE	
49. SIGNATURE OF CLERK		50. SIGNATURE OF NOTARY		51. SIGNATURE OF DECEASED	
52. SIGNATURE OF WITNESSES		53. SIGNATURE OF PHYSICIAN		54. SIGNATURE OF CORONER	
55. SIGNATURE OF JUDGE		56. SIGNATURE OF CLERK		57. SIGNATURE OF NOTARY	
58. SIGNATURE OF DECEASED		59. SIGNATURE OF WITNESSES		60. SIGNATURE OF PHYSICIAN	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9877
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Dively

2. DATE
OF
DEATH

Oct. 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland* B. COUNTY *Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Lutherville

D. STREET ADDRESS (If rural, give location)

P.O. Box 138

C. Length of stay in Baltimore

32

Yes
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Frank Dively

14. MOTHER'S MAIDEN NAME

Maggie McDare

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *260X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary sclerosis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Generalized arteriosclerosis*

DUE TO

(C) *Diabetes Mellitus*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute pericarditis

19A. DATE OF OPERATION

Oct. 28, 1952

19B. MAJOR FINDINGS OF OPERATION

Diabetic gangrene left lower extremity

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Oct. 1*, 1952, to *Oct. 29*, 1952, that I last saw the deceased alive on *Oct. 29*, 1952, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

Clarence E. Hemmelt

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10/29/52

A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Nov 1 1952

24C. NAME OF CEMETERY OR CREMATORY

Alphaville

24D. LOCATION (City, town, or county) (State)

Cemetery Hill Huntingdon

TE RECEIVED BY CL REGISTAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Larsen Funeral H

ADDRESS

563

2 9878

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 9878

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Louis Leonardi		Oct. 27, 1952	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. Baltimore City, Maryland		A. STATE Md. B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
JOHNS HOPKINS HOSPITAL		Baltimore 14	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
46 Yrs.		8124 Ridgely Oak Rd	
7. SEX	8. COLOR OR RACE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH
Male	White	Married	1-6-84
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	12. KIND OF BUSINESS OR INDUSTRY	13. BIRTHPLACE (State or foreign country)	14. CITIZEN OF WHAT COUNTRY?
Cabinet Maker	Retired	Italy	U.S.
15. FATHER'S NAME		16. MOTHER'S MAIDEN NAME	
Liberato Leonardi		Natalina Salenzi	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
no		no	
19. ADDRESS		20. ADDRESS	
JOHNS HOPKINS HOSPITAL			

18. 443X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) cardiac failure with hydrothorax, ascites, edema	3 yrs
ANTECEDENT CAUSES	(B) atherosclerotic + hypertensive cardiovascular disease	10 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office building, etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26-1952 to 10-27-1952 that I last saw the deceased alive on 10-27-1952, and that death occurred at 8:11 p. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Richard J. Johns	JOHNS HOPKINS HOSPITAL	27 Oct 52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
Burial	Oct. 30 1952	Holy Redeemer Cemetery
24D. LOCATION (City, town, or county)	25. FUNERAL DIRECTOR	26. ADDRESS
4430 Belair Rd.	Huntington Williams, M.D.	322 S. High St.

OCT 29 1952

VS 150

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52 103

CERTIFICATE OF DEATH

CAUSE OF DEATH

AMADIO MARANGONI
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 9879**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) AMADIO MARANGONI		2. DATE OF DEATH October 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3504 Gough Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 4 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Labor		10B. KIND OF BUSINESS OR INDUSTRY P.P.R.R.	9. AGE (In years last birthday) 73 If Under 1 Year Months: Days 10 24 If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Tortoreto Teramo (Italy)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Luigi Marangoni		14. MOTHER'S MAIDEN NAME Rosaria	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Filemena Marangoni 3504 Gough St.	

18. E 802 x 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Crushed chest XXXXXX ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Crushing injury of abdomen XXXXXX (C) Multiple lacerations & fractures of skeleton II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad tracks		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Rear of 130 S. Janney Street	
21D. TIME (Month) (Day) (Year) (Hour) Oct. 28, 1952 11:00 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Struck by train	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , <u>accident</u> <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. ...</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Oct. 28, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 31st 1952		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery	
24D. LOCATION (City, town, or county) Baltimore Md.		24E. FUNERAL DIRECTOR Huntington Williams, M.P. ...		24F. ADDRESS 322 S. High St.	

DATE RECEIVED BY LOCAL REGISTRAR **OCT 29 1952** REGISTRAR'S SIGNATURE *Huntington Williams, M.P. ...* ADDRESS **322 S. High St.**

V S 151 **N-869** **9 592 005 9 0 9 8 7 0**

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DR. BROWN

DEPT. II

0-30

650

52 9880

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 9880

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

5. FULL NAME OF HOSPITAL OR INSTITUTION

6. DATE OF BIRTH

7. LENGTH OF STAY IN BALTIMORE

8. AGE (In years last birthday)

9. SEX

10. COLOR OR RACE

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH

13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14. KIND OF BUSINESS OR INDUSTRY

15. BIRTHPLACE (State or foreign country)

16. CITIZEN OF WHAT COUNTRY?

17. FATHER'S NAME

18. MOTHER'S MAIDEN NAME

19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

20. SOCIAL SECURITY NO.

21. INFORMANT

22. ADDRESS

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1952, to Oct. 29, 1952, that I last saw the deceased alive on Oct. 28, 1952, and that death occurred at 2 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR

26. ADDRESS

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CONTINUED FROM PAGE 0879
HUMAN RIGHTS

0880

23

9881

BENGTSON

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52

9881

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Bengtson</i>		2. DATE OF DEATH <i>October 28/52</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>612 S. Ann St.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>Battimore</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>2-03</i>	
7. STREET ADDRESS (If rural, give location) <i>612 S. Ann St.</i>		8. DATE OF BIRTH <i>1894</i>	
9. AGE (In years last birthday) <i>58</i>		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
12. CITIZEN OF WHAT COUNTRY? <i>Poland</i>		13. MOTHER'S MAIDEN NAME <i>Antonina ?</i>	
14. FATHER'S NAME <i>Michalis S. Niagdlowski</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Frank A. Bengtson</i> ADDRESS	

18. <i>592X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Oct 26/52</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Chronic Nephritis</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Aug 3, 1952</i> to <i>Oct 28, 1952</i> , that I last saw the deceased alive on <i>Oct 28, 1952</i> , and that death occurred at <i>6:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William J. Rybauer</i>		23B. ADDRESS <i>8014 Keewood Dr.</i>		23C. DATE SIGNED <i>Oct 29/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Oct 30/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		24E. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		24F. FUNERAL DIRECTOR <i>Frederick V. Ozogowski</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 29 1952</i>		24H. ADDRESS <i>Huntington Williams, M.D.</i>		24I. ADDRESS <i>Frederick V. Ozogowski</i>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9882
Registered No.

1. NAME OF DECEASED (Type or Print) CORA NEAL		2. DATE OF DEATH October 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 152 Colvin Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 5, 1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 77 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT		ADDRESS Alma B. Brown 1139 Ashburton St	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Oct. 25, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/30/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		24E. FUNERAL DIRECTOR Elroy O. Wilson 1020 Beaufort ave		24F. ADDRESS	

DATE RECEIVED BY LOCAL REGISTRAR **OCT 30 1952** REGISTRAR'S SIGNATURE *Huntington* ADDRESS **Elroy O. Wilson 1020 Beaufort ave**

VS 151

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JAN 10 1911



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9883

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9883

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ethel M. Jones

2. DATE
OF
DEATH

10/49/52

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

7036 Belvedere Ave.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX
6. COLOR OR RACE
7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Female White

MARRIED

8A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

9. FATHER'S NAME

James A. Dover

10. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

9-10-1902

9. AGE (in years
last birthday)

60

If Under 1 Year
Months Days

1 9

If Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Lawrence, Mass

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mina Kochler

17. INFORMANT

Harold H. Jones 4036 E. Belvedere Ave

ADDRESS

Baltimore, Md

18. 174X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cancer of uterus

INTERVAL BETWEEN
ONSET AND DEATH(7)
2 yrsI
ANTECEDENT CAUSESDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Oct 29, 1952, that I last saw the
deceased alive on Oct 28, 1952, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

Franklin E. Loh

M. D.

23B. ADDRESS

2929 N. Charles St Baltimore, Md

23C. DATE SIGNED
Oct 29, 52A. BURIAL, CREMA-
N, REMOVAL (Specify)

24B. DATE

11-1-52

24C. NAME OF CEMETERY OR CREMATORY

Mosshecho R

24D. LOCATION (City, town, or county)

Providence R.I.

(State)

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. R. Ruck 5305 Wayford Rd

OCT 30 1952

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320
2 9884BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9884

NAME OF DECEASED
(Type or Print)

PLACE OF DEATH:

FULL NAME OF
OSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

2. DATE
OF
DEATH

Oct 26, 1952

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

9. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 292.6

CAUSE OF DEATH
Cerebral thrombosis.
Sickle Cell Anemia

INTERVAL BETWEEN ONSET AND DEATH

terminal

life

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) DUE TO
(B) DUE TO
(C) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Metastatic Stomach

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10/19, 1952, to 10/26, 1952, that I last saw the deceased alive on 10/26, 1952 and that death occurred at 9 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 30 1952

Huntington Williams, Jr. 108 W. Washington St. Annapolis, Md.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF BIRTH		5. PLACE OF BIRTH		6. OCCUPATION	
7. DATE OF DEATH		8. PLACE OF DEATH		9. CAUSE OF DEATH	
10. MEDICAL ATTENDANCE		11. SIGNATURE OF DECEASED		12. SIGNATURE OF WITNESS	
13. SIGNATURE OF PHYSICIAN		14. SIGNATURE OF CORONER		15. SIGNATURE OF JURY	
16. SIGNATURE OF JURY		17. SIGNATURE OF JURY		18. SIGNATURE OF JURY	
19. SIGNATURE OF JURY		20. SIGNATURE OF JURY		21. SIGNATURE OF JURY	
22. SIGNATURE OF JURY		23. SIGNATURE OF JURY		24. SIGNATURE OF JURY	
25. SIGNATURE OF JURY		26. SIGNATURE OF JURY		27. SIGNATURE OF JURY	
28. SIGNATURE OF JURY		29. SIGNATURE OF JURY		30. SIGNATURE OF JURY	
31. SIGNATURE OF JURY		32. SIGNATURE OF JURY		33. SIGNATURE OF JURY	
34. SIGNATURE OF JURY		35. SIGNATURE OF JURY		36. SIGNATURE OF JURY	
37. SIGNATURE OF JURY		38. SIGNATURE OF JURY		39. SIGNATURE OF JURY	
40. SIGNATURE OF JURY		41. SIGNATURE OF JURY		42. SIGNATURE OF JURY	
43. SIGNATURE OF JURY		44. SIGNATURE OF JURY		45. SIGNATURE OF JURY	
46. SIGNATURE OF JURY		47. SIGNATURE OF JURY		48. SIGNATURE OF JURY	
49. SIGNATURE OF JURY		50. SIGNATURE OF JURY		51. SIGNATURE OF JURY	
52. SIGNATURE OF JURY		53. SIGNATURE OF JURY		54. SIGNATURE OF JURY	
55. SIGNATURE OF JURY		56. SIGNATURE OF JURY		57. SIGNATURE OF JURY	
58. SIGNATURE OF JURY		59. SIGNATURE OF JURY		60. SIGNATURE OF JURY	
61. SIGNATURE OF JURY		62. SIGNATURE OF JURY		63. SIGNATURE OF JURY	
64. SIGNATURE OF JURY		65. SIGNATURE OF JURY		66. SIGNATURE OF JURY	
67. SIGNATURE OF JURY		68. SIGNATURE OF JURY		69. SIGNATURE OF JURY	
70. SIGNATURE OF JURY		71. SIGNATURE OF JURY		72. SIGNATURE OF JURY	
73. SIGNATURE OF JURY		74. SIGNATURE OF JURY		75. SIGNATURE OF JURY	
76. SIGNATURE OF JURY		77. SIGNATURE OF JURY		78. SIGNATURE OF JURY	
79. SIGNATURE OF JURY		80. SIGNATURE OF JURY		81. SIGNATURE OF JURY	
82. SIGNATURE OF JURY		83. SIGNATURE OF JURY		84. SIGNATURE OF JURY	
85. SIGNATURE OF JURY		86. SIGNATURE OF JURY		87. SIGNATURE OF JURY	
88. SIGNATURE OF JURY		89. SIGNATURE OF JURY		90. SIGNATURE OF JURY	
91. SIGNATURE OF JURY		92. SIGNATURE OF JURY		93. SIGNATURE OF JURY	
94. SIGNATURE OF JURY		95. SIGNATURE OF JURY		96. SIGNATURE OF JURY	
97. SIGNATURE OF JURY		98. SIGNATURE OF JURY		99. SIGNATURE OF JURY	
100. SIGNATURE OF JURY		101. SIGNATURE OF JURY		102. SIGNATURE OF JURY	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9885
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Baby Boy Larkins		Oct. 18-1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		A. STATE	
Baltimore City Hospitals 4940 Eastern Ave.		Maryland	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		Baltimore	
D. STREET ADDRESS (If rural, give location)		815 N. Freemont St. (Ave) zone 17	
5. LENGTH OF STAY IN BALTIMORE	Life	8. DATE OF BIRTH	9. AGE (In years last birthday)
M	N	Oct. 4-1952	14
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
N	Single	Maryland	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	14. MOTHER'S MAIDEN NAME	17. INFORMANT ADDRESS
		Doris Brooks	Baltimore City Hospitals, Records: 4940 Eastern Ave.
13. FATHER'S NAME		16. SOCIAL SECURITY NO.	
John Larkins			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. CAUSE OF DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) A. Diarrhea B. Prematurity C. Atelectasis II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 4, 1952, to Oct. 18, 1952, that I last saw the deceased alive on Oct. 18, 1952, and that death occurred at 11 PM., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
H. G. Jones		4940 Eastern Ave., Baltimore, Md.	
23C. DATE SIGNED		24. NAME OF CEMETERY OR CREMATORY	
10-27-1952		Baltimore City Hospitals	
24B. DATE		24C. LOCATION (City, town, or county) (State)	
10-24-1952		4940 Eastern Ave., Balto., Md.	
25. FUNERAL DIRECTOR		26. ADDRESS	
Huntington Williams, M.D.			

THE TOWNSHIP OF WEST LANCASHIRE
CERTIFICATE OF DEATH

W-20-1781

1901-1902

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116
164301
2 9885

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9886
Registered No.

IRTH NO. 52-25207

NAME OF DECEASED (Type or Print)		Baby Boy Oliver- Twin A.		2. DATE OF DEATH		Oct. 22-1952	
PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.				A. STATE Maryland B. COUNTY			
Length of stay in Baltimore Life				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore			
SEX M				D. STREET ADDRESS (If rural, give location) 1514 Jefferson St. zone 5			
6. COLOR OR RACE N		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH		9. AGE (in years last birthday)	
				Oct. 22-1952		11 Under 1 Year Months: Days 3	
10A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
				Maryland			
13. FATHER'S NAME John Oliver				14. MOTHER'S MAIDEN NAME Clarissa Trusty			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Baltimore City Hospitals 4940 Eastern Ave.			

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Prematurity		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO				Life	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10-22-1952 to 10-22-1952, that I last saw the deceased alive on 10-22-1952, and that death occurred at 6.35AM from the causes and on the date stated above.

23A. SIGNATURE H. J. Jones, Reg.		23B. ADDRESS M. D. 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 10-24-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 10-24-1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	
				24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave., Balto., Md.	

DATE RECEIVED BY LOCAL REGISTRAR OCT 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	
---	--	--	--	------------------------------	--

CERTIFICATE OF DEATH

1933

1. Name of Deceased: _____

2. Sex: _____

3. Age: _____

4. Date of Birth: _____

5. Place of Birth: _____

6. Date of Death: _____

7. Time of Death: _____

8. Place of Death: _____

9. Cause of Death: _____

10. Signature of Physician: _____

11. Signature of Registrar: _____

12. Signature of Informant: _____

13. Name of Informant: _____

14. Address of Informant: _____

15. Signature of Informant: _____

16. Date of Statement: _____

17. Signature of Registrar: _____

18. Date of Registration: _____

19. Signature of Registrar: _____

20. Date of Registration: _____

21. Signature of Registrar: _____

22. Date of Registration: _____

23. Signature of Registrar: _____

24. Date of Registration: _____

25. Signature of Registrar: _____

26. Date of Registration: _____

27. Signature of Registrar: _____

28. Date of Registration: _____

29. Signature of Registrar: _____

30. Date of Registration: _____

31. Signature of Registrar: _____

32. Date of Registration: _____

33. Signature of Registrar: _____

34. Date of Registration: _____

35. Signature of Registrar: _____

36. Date of Registration: _____

37. Signature of Registrar: _____

38. Date of Registration: _____

39. Signature of Registrar: _____

40. Date of Registration: _____

41. Signature of Registrar: _____

42. Date of Registration: _____

43. Signature of Registrar: _____

44. Date of Registration: _____

45. Signature of Registrar: _____

46. Date of Registration: _____

47. Signature of Registrar: _____

48. Date of Registration: _____

49. Signature of Registrar: _____

50. Date of Registration: _____

51. Signature of Registrar: _____

52. Date of Registration: _____

53. Signature of Registrar: _____

54. Date of Registration: _____

55. Signature of Registrar: _____

56. Date of Registration: _____

57. Signature of Registrar: _____

58. Date of Registration: _____

59. Signature of Registrar: _____

60. Date of Registration: _____

61. Signature of Registrar: _____

62. Date of Registration: _____

63. Signature of Registrar: _____

64. Date of Registration: _____

65. Signature of Registrar: _____

66. Date of Registration: _____

67. Signature of Registrar: _____

68. Date of Registration: _____

69. Signature of Registrar: _____

70. Date of Registration: _____

71. Signature of Registrar: _____

72. Date of Registration: _____

73. Signature of Registrar: _____

74. Date of Registration: _____

75. Signature of Registrar: _____

76. Date of Registration: _____

77. Signature of Registrar: _____

78. Date of Registration: _____

79. Signature of Registrar: _____

80. Date of Registration: _____

81. Signature of Registrar: _____

82. Date of Registration: _____

83. Signature of Registrar: _____

84. Date of Registration: _____

85. Signature of Registrar: _____

86. Date of Registration: _____

87. Signature of Registrar: _____

88. Date of Registration: _____

89. Signature of Registrar: _____

90. Date of Registration: _____

91. Signature of Registrar: _____

92. Date of Registration: _____

93. Signature of Registrar: _____

94. Date of Registration: _____

95. Signature of Registrar: _____

96. Date of Registration: _____

97. Signature of Registrar: _____

98. Date of Registration: _____

99. Signature of Registrar: _____

100. Date of Registration: _____

116
AB-164302
52 9887
IRTH NO. 22-25208

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9887
Registered No.

1. NAME OF DECEASED (Type or Print) Baby Boy Oliver -Twin B		2. DATE OF DEATH Oct. 22-1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY 7-05	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1514 Jefferson St. zone 5	
7. SEX M	8. COLOR OR RACE N	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH Oct. 22-1952
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday) 6 Months 50 Days	
13. FATHER'S NAME John Oliver		14. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? 6 50	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME Clarissa Trusty	
19. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		20. ADDRESS	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 776X I Prematurity		22. INTERVAL BETWEEN ONSET AND DEATH Life	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II		24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
25. DATE OF OPERATION 2		26. MAJOR FINDINGS OF OPERATION	
27. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		28. DATE OF OPERATION	
29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		30. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		32. HOW DID INJURY OCCUR?	
33. TIME (Month) (Day) (Year) (Hour) OF INJURY		34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
35. I hereby certify that I attended the deceased from 10-22- , 1952, to 10-22- , 1952, that I last saw the deceased alive on 10-22- , 1952, and that death occurred at 10-AM , from the causes and on the date stated above.			
36. SIGNATURE H. J. Williams		37. ADDRESS 4940 Eastern Ave., Balto., Md.	
38. DATE RECEIVED BY LOCAL REGISTRAR CT 30 1952		39. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
40. FUNERAL DIRECTOR		41. ADDRESS	

MINISTRY OF HEALTH
CERTIFICATE OF DEATH

1957-1958

1957-1958

1957-1958

1957-1958

1957-1958

1957-1958

1957-1958

1957-1958

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1957-1958

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1957-1958

1957-1958

1957-1958

160
AB-103918-8888
BIRTH NO. 52-2464BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9888
Registered No.

1. NAME OF DECEASED (Type or Print) Baby Boy Cooper		2. DATE OF DEATH Oct. 10-1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 518 Baker St. zone 17	
7. SEX M F	8. COLOR OR RACE N	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH Oct. 8-1952
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (in years last birthday) 2	
13. FATHER'S NAME ?		14. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY?	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME Vernetta Campbell	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		20. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Prematurity DUE TO		22. INTERVAL BETWEEN ONSET AND DEATH Life	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
24. DATE OF OPERATION		25. MAJOR FINDINGS OF OPERATION	
26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
28. TIME (Month) (Day) (Year) (Hour) OF INJURY		29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
30. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK		31. HOW DID INJURY OCCUR?	
32. I hereby certify that I attended the deceased from 10-8-1952, to 10-10-1952, that I last saw the deceased alive on 10-10-1952, and that death occurred at 7:35 p.m., from the causes and on the date stated above.			
33. SIGNATURE H. J. Williams, M.D.		34. ADDRESS 4940 Eastern Ave., Balto., Md.	
35. DATE 10-22-1952		36. DATE SIGNED 10-25-1952	
37. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals		38. LOCATION (City, town, or county) (State) 4940 Eastern Ave., Balto., Md.	
39. RECEIVED BY Huntington Williams, M.D.		40. FUNERAL DIRECTOR ADDRESS	

520009881

1933

1933

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1933

1933



64067-AB

52-24464 9889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 9889

IRTH NO.

NAME OF DECEASED
(Type or Print)

Baby Girl Thomas

2. DATE
OF
DEATH

Oct. 14- 1952

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Baltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

402 N. Pulaski St. zone 23

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Oct. 14-1952

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

30

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

F. FATHER'S NAME

Reginald Thomas

14. MOTHER'S MAIDEN NAME

Marion Broadway

G. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 759.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Congenital Anomaly-absence of Abdominal
Wall with eventration of Viscera
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 10-14-1952 to 10-14-1952, that I last saw the
deceased alive on 10-14-1952, and that death occurred at 7:15AM, from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams, M.D.

M. D.

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

10-27-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremated

24B. DATE

10-24-1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Hospitals

24D. LOCATION (City, town, or county)

4940 Eastern Ave., Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 30 1952

Huntington Williams, M.D.

B-164152

4320 9890

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9890
Registered No.

IRTH NO. 52-25018

NAME OF DECEASED
(Type or Print)

Baby Boy Bullock

2. DATE
OF
DEATH Oct. 16-1952PLACE OF DEATH:
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)
OSPITAL OR INSTITUTE Baltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write full name and give township)
Baltimore 10-01D. STREET ADDRESS (If rural, give location)
1004 N. Central Ave.

Length of stay in Baltimore Life Yrs. Mos. Days

SEX M 6. COLOR OR RACE N 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY

F. FATHER'S NAME
Thomas Bullock

8. DATE OF BIRTH Oct. 16-1952 9. AGE (In years last birthday) 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min. 46

11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME
Evelyn Henderson

G. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMED BY Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 761.0 I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Dislocation of Cervical Vertebra #2
DUE TO Birth Injury

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION Oct. 16-1952 19B. MAJOR FINDINGS OF OPERATION Prolaps of Cord 20. AUTOPSY? YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-16-1952, to 10-16-1952, that I last saw the deceased alive on 10-16-1952, and that death occurred at 7:10 PM from the causes and on the date stated above.

23A. SIGNATURE H. J. Williams, Jr. M.D. 23B. ADDRESS 4940 Eastern Ave., Balto., Md. 23C. DATE SIGNED 10-27-1952

A. BURIAL, CREMATION, REMOVAL (Specify) Cremated 24B. DATE 10-24-1952 24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals 24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave., Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR OCT 30 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9891

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GRACE BURKE

2. DATE
OF
DEATH

10/28/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

FRANKLIN SQUARE HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Md B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-07

D. STREET ADDRESS (If rural, give location)
1214 E. Cold Spring Lane

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) 26 3 Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Typist

10B. KIND OF BUSINESS OR INDUSTRY

Gas & Elect. Co.

11. BIRTHPLACE (State or foreign country)

Maryland, Baltimore,

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Dominic Sansone,

14. MOTHER'S MAIDEN NAME

Frances Cammarata

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT
Hosp. records

ADDRESS

18. 296X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH
Thrombocytopenia Purpura

(B) DUE TO
Leukemia

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10/13/52 to 10/28/52, that I last saw the deceased alive on 10/28/52, and that death occurred at 12 P.m., from the causes and on the date stated above.

23. SIGNATURE

Franklin B. Guey, M.D.

23B. ADDRESS

Franklin B. Guey, M.D.

23C. DATE SIGNED

10/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

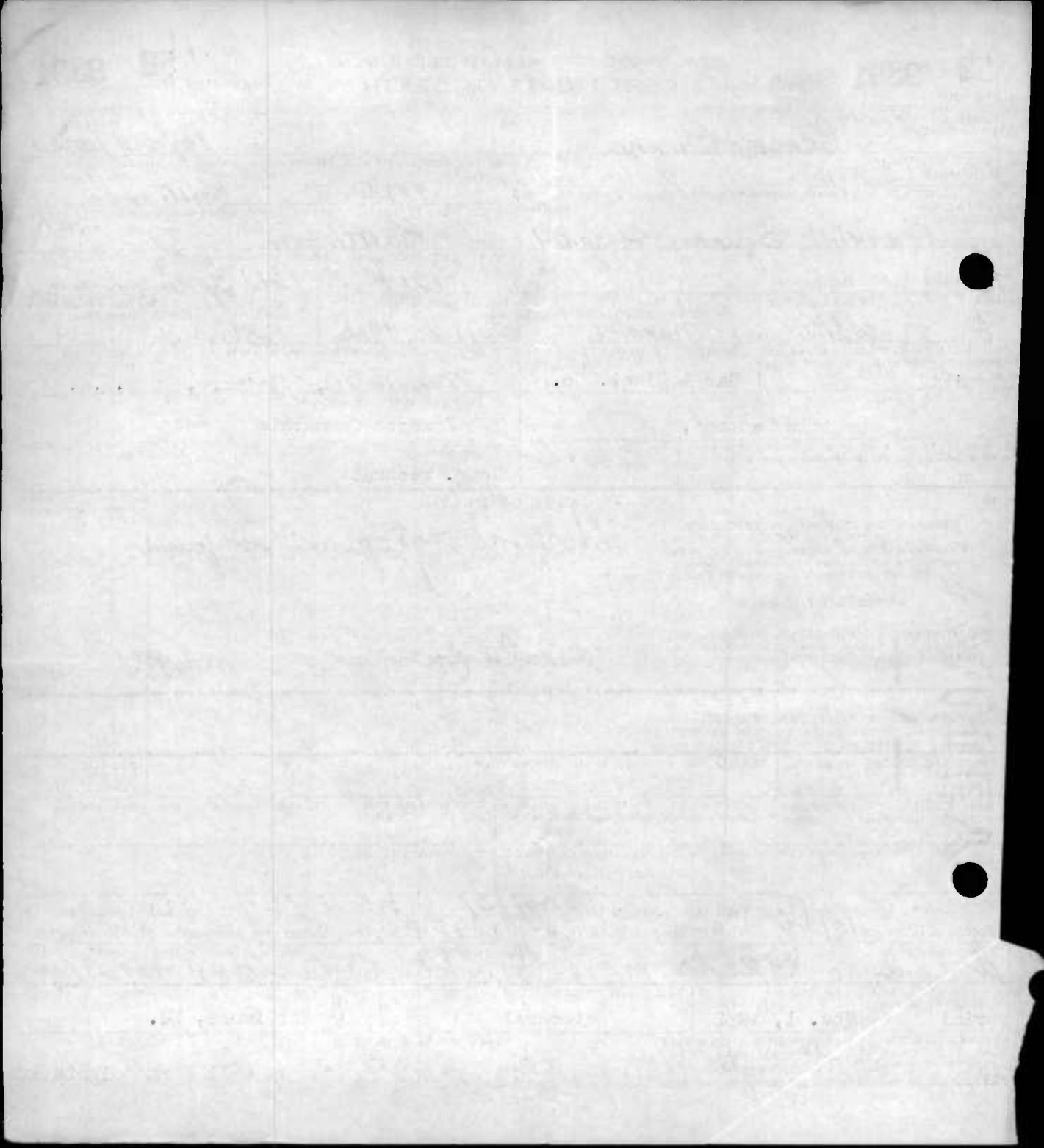
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 30 1952 Huntington Williams, M.D. Vernon L. Lippert, 4611 Park Heights Ave



600
2 9892BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9892

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Dyer</i>		2. DATE OF DEATH <i>10.26.52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN <i>Baltimore City</i> (If outside corporate limits, write RURAL and give township) <i>14-02</i>	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>533 Moller St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	B. DATE OF BIRTH <i>Sept. 4, 1879</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>73</i>
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) <i>Va.</i>	
14. MOTHER'S MAIDEN NAME <i>Columbia Taylor</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>219-10-262</i>	
17. INFORMANT <i>Mrs Mary Winfield</i>		ADDRESS <i>1432 McCulloh Street</i>	
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>arteriosclerotic cardio-vascular disease</i> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>January, 1952</i> to <i>10.24, 1952</i> , that I last saw the deceased alive on <i>10.24, 1952</i> , and that death occurred at <i>3:45 pm.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>James D. Carr</i> M. D.		23B. ADDRESS <i>1427 Madison Ave</i>	
23C. DATE SIGNED <i>10.29.52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-30-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Park</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 30 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>C.P. Law</i>		ADDRESS <i>802 Madison Ave.</i>	

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of ...

City of ...

State of ...

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9893
Registered No.

1. NAME OF DECEASED (Type or Print) HILDA F. WILSON		2. DATE OF DEATH 10/28/52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY 20-03	
5. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) BALTIMORE	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 630 S. MONROE ST.	
7. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH OCT 30, 1911
A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) House wife		10a. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 40
FATHER'S NAME WILLIAM HOWARD		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		13. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME FRANCES DOFFMORE	
17. INFORMANT		ADDRESS	

18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARDIAC ARREST		INTERVAL BETWEEN ONSET AND DEATH 5 min
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. MITRAL STENOSIS		? years
RHEUMATIC C. V. D.		? years
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 10/28/52		19B. MAJOR FINDINGS OF OPERATION CARDIAC HYPERTROPHY MITRAL STENOSIS		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10/27**, 19**52**, to **10/28**, 19**52**; that I last saw the deceased alive on **10/28**, 19**52**, and that death occurred at **2:52** p. m., from the causes and on the date stated above.

23A. SIGNATURE Paul D. Harrett		23B. ADDRESS University Hospital		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-31-52		24C. NAME OF CEMETERY OR CREMATORY Louisa Park	
24D. LOCATION (City, town, or county) (State) Fredrick Ave Md		25. FUNERAL DIRECTOR Medford J. Blight			
26. RECEIVED BY LOCAL REGISTRAR OCT 30 1952		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		ADDRESS 6009 Bayford Rd	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

17

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH
IMMEDIATE CAUSE
MEDICAL OPINION
MANNER OF DEATH
LOCALITY OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

260
2 9894BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9894

1. NAME OF DECEASED (Type or Print) FREDERICK D. T. BECKER		2. DATE OF DEATH Oct. 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 1721 Thomas Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1721 Thomas Avenue		E. DATE OF BIRTH Mar. 18-1874	
F. AGE (In years last birthday) 78		G. Under 1 Year Months Days H. Under 24 Hours Hours Min.	
I. BIRTHPLACE (State or foreign country) Baltimore Md		J. CITIZEN OF WHAT COUNTRY? U.S.	
K. FATHER'S NAME Christopher W. Becker		L. MOTHER'S MAIDEN NAME Julia M. Patenkamp	
M. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		N. SOCIAL SECURITY NO. 213-01-4004	
O. INTERVIEWER'S NAME Wm. Anna M. Becker		P. ADDRESS 1721 Thomas	
1. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic and hypertensive cardiovascular disease DUE TO INTERVAL BETWEEN ONSET AND DEATH			
2. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO			
3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from <u>Autopsy, Inspection or Inquiry</u> the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Oct. 29, 1952		23D. NAME OF CEMETERY OR CREMATORY New Cathedral	
23E. LOCATION (City, town, or county) (State) Baltimore Md		23F. DATE RECEIVED BY LOCAL REGISTRAR Oct 30 1952	
23G. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		23H. FUNERAL DIRECTOR Geo. E. Beyer Jr	
23I. ADDRESS 1512 Hollins		23J. ADDRESS Balt 23 Md	

1099 81

CERTIFICATE OF DEATH

1099 81

STATE OF TEXAS

COUNTY OF DALLAS

ATTEST: My commission expires

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9895
Registered No.

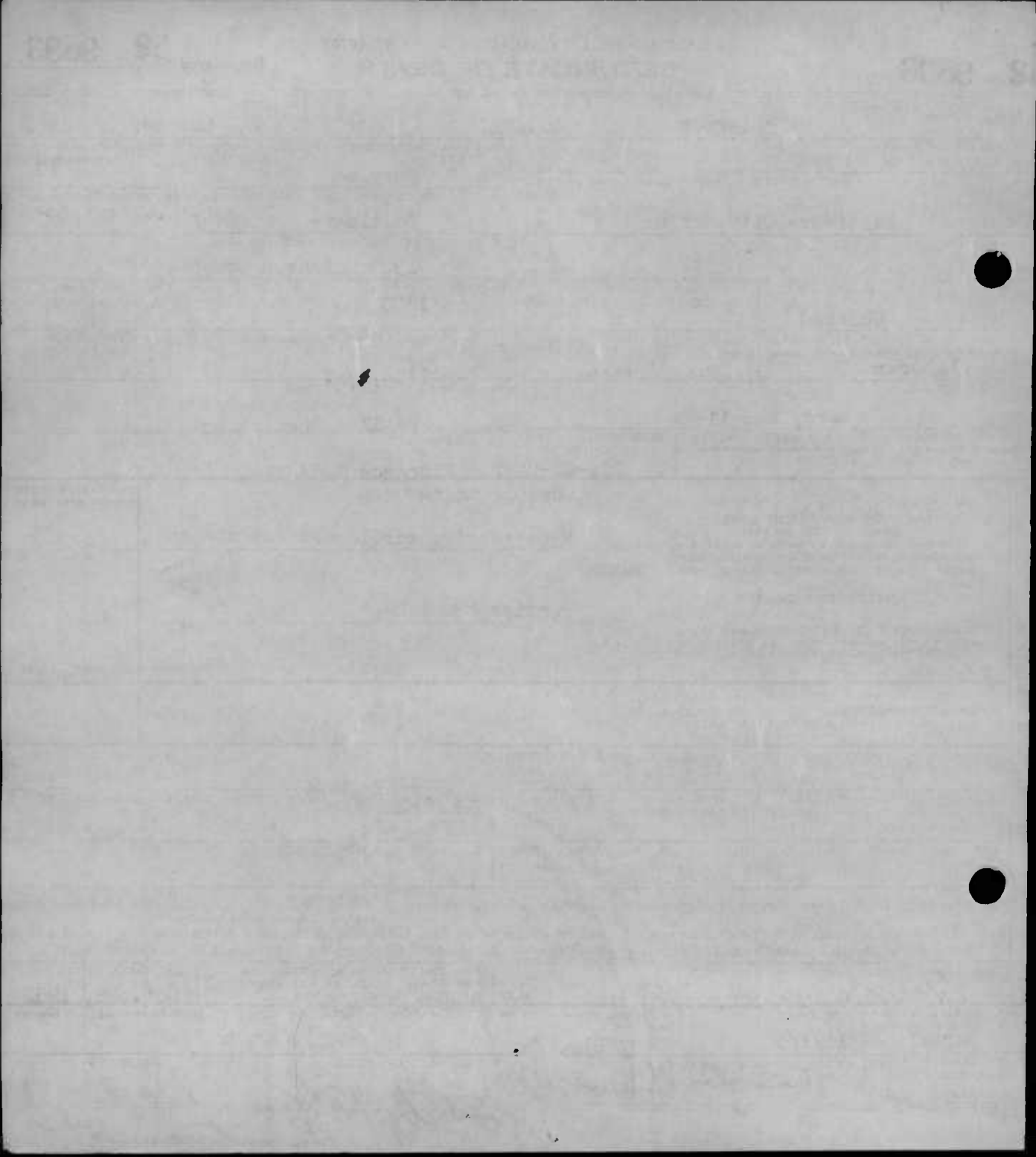
1. NAME OF DECEASED (Type or Print) CHARLES HANSON		2. DATE OF DEATH October 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Month of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 522 St. Paul St.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 28, 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		9. AGE (In years last birthday) 47 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY ? ? ?		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Harry V. Hanson		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) ? ?		14. MOTHER'S MAIDEN NAME Rose Mary Hagan	
16. SOCIAL SECURITY NO. ? ?		17. INFORMANT ADDRESS Miss Rosa Hanson 607 Chapelgate Lane	

18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Aortic and mitral stenosis and insufficiency due to Rheumatic heart disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		
23C. DATE SIGNED				

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/31/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR Oct 30 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Balto. St.

9 5763099 0 9 8 8 0



350
2 9897BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9897

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. PLACE OF DEATH:
A. Baltimore City, Maryland3. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4. Length of stay in Baltimore

5. SEX 7 6. COLOR OR RACE C 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *wid*

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

9. FATHER'S NAME

10. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

11. SOCIAL SECURITY NO.

12. DATE OF DEATH 10/27/52
A. STATE B. COUNTY

13. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

14. STREET ADDRESS (If rural, give location)

15. DATE OF BIRTH

16. AGE (In years last birthday) 68
If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

17. BIRTHPLACE (State or foreign country)

18. CITIZEN OF WHAT COUNTRY? U. S. A.

19. MOTHER'S MAIDEN NAME

20. INFORMANT

ADDRESS

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Coronary Thrombosis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Cerebral Hemorrhage*
DUE TO
(C) *Hypertension*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Chronic Nephritis*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24, 1952, to 10/27, 1952, that I last saw the deceased alive on 10/27, 1952, and that death occurred at 12:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

510
2 9898BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9898
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		GERTRUDE BITZELL KNIPP		2. DATE OF DEATH Oct. 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1821 Park Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 1821 Park Ave.	
6. LENGTH OF STAY IN BALTIMORE		Yrs. Mos. Days			
7. SEX female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	10. DATE OF BIRTH May 2, 1867	11. AGE (In years last birthday) 85	12. CITIZEN OF WHAT COUNTRY?
13. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Reporter Rtd		14. KIND OF BUSINESS OR INDUSTRY Newspaper		15. BIRTHPLACE (State or foreign country) Maryland	
16. FATHER'S NAME Jacob Knipp		17. MOTHER'S MAIDEN NAME Mary E. Bitzell		18. CITIZEN OF WHAT COUNTRY?	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.		21. INFORMANT ADDRESS Mr. Donald Belt - 5103 Roland Ave.	
22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 422.1 I Cardiac insufficiency (A) DUE TO		23. ANTECEDENT CAUSES Arteriosclerotic cardio-vascular disease (B) DUE TO		24. INTERVAL BETWEEN ONSET AND DEATH 6 months 10 years	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
26. DATE OF OPERATION 0		27. MAJOR FINDINGS OF OPERATION		28. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		30. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
32. TIME (Month) (Day) (Year) (Hour) OF INJURY		33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		34. HOW DID INJURY OCCUR?	
35. I hereby certify that I attended the deceased from January 4, 1934 to October 27, 1952 that I last saw the deceased alive on Oct. 26, 1952, and that death occurred at 5:00 P. m., from the causes and on the date stated above.					
36. SIGNATURE George D. Knipp		37. ADDRESS 4116 Edmondson Avenue		38. DATE SIGNED Oct. 29, 1952	
39. A. BURIAL, CREMATION, REMOVAL (Specify) Burial		40. DATE 10/30/52		41. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
42. LOCATION (City, town, or county) Balto., Md.		43. NAME OF FUNERAL DIRECTOR Thos. J. Pickener & Sons		44. ADDRESS Baltimore 17, Md.	
45. RECEIVED BY CAL REGISTRAR		46. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		47. VS 150	

BARBERSHOP CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.

610
52 9899BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9899

BIRTH NO.		1. NAME OF DECEASED (Type or Print) BARBARA KRAPP		2. DATE OF DEATH October 27, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Home for the Aged		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 2211 W. Rogers Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 17, 1866	9. AGE (In years last birthday) 86	10. Under 1 Year Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John Kueberth		14. MOTHER'S MAIDEN NAME Theresa Dorbert			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Mamie Fisher - 2211 W. Rogers Ave.	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) CEREBRAL HEMORRHAGE DUE TO (B) ARTERIO SCLEROSIS DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 20 yrs.	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 1, 1952, to Oct 27, 1952, that I last saw the deceased alive on 10-27, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.					
23a. SIGNATURE Arthur J. Jones		23b. ADDRESS 800 W 33rd St		23c. DATE SIGNED 10-30-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/31/52		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	
24d. LOCATION (City, town, or county) Baltimore, Md.		24e. FUNERAL DIRECTOR J. M. J. Fisher & Sons		24f. ADDRESS Baltimore 17 Md.	
24g. DATE RECEIVED BY LOCAL REGISTRAR OCT 30 1952		24h. REGISTRAR'S SIGNATURE H. H. H. H. H.		24i. VS 150	

652
52 9900BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

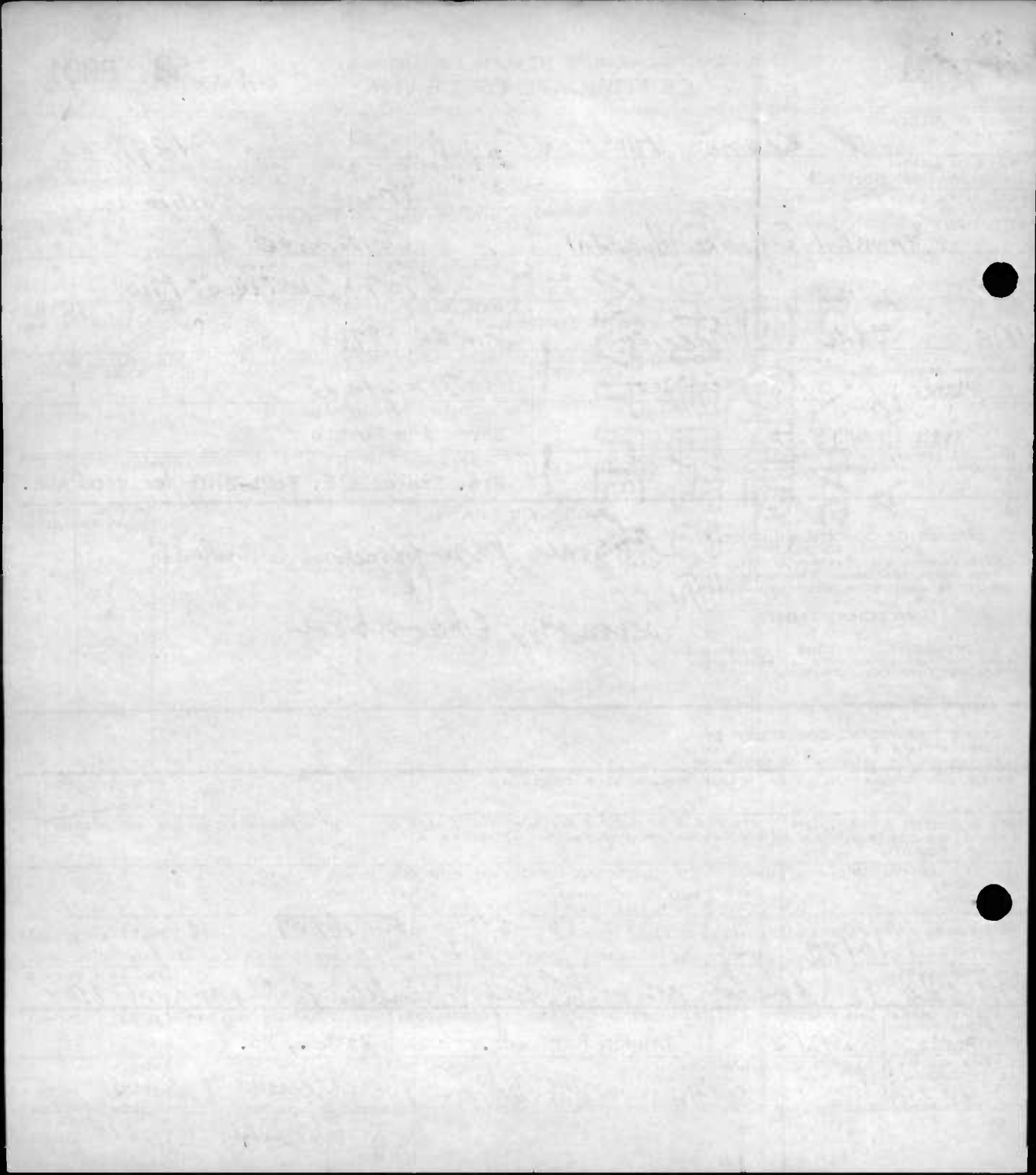
Registered No. 52 9900

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
GEORGE L. BRANZELL, Sr.		Oct. 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE Maryland	
Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
D. STREET ADDRESS (If rural, give location)		Baltimore	
1906 E. 31st Street		1906 E. 31st Street	
5. SEX male		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Divorced		Nov. 11, 1892	
9. AGE (In years last birthday)		10. UNDER 1 Year Months: Days	
59		11. BIRTHPLACE (State or foreign country)	
Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James Branzell		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
yes World War No. 1		219-30-3404	
17. INFORMANT		ADDRESS	
Mr. Howard Branzell, 1906 E. 31st St.			

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
(A) Barbiturate intoxication		
DUE TO		
ANTECEDENT CAUSES		
(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		home		1906 E. 31st Street 9/6	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
Oct. 28, 1952		m.		Accidentally ingested overdose	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER		23C. DATE SIGNED	
William J. Pickner		M.D.			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		10/31/52		Parkwood Cem.	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
Balto., Md.		Balto., Md.		Balto., Md.	
25. FUNERAL DIRECTOR		25A. ADDRESS		25B. ADDRESS	
Huntington Williams, M.D.		25A. ADDRESS		25B. ADDRESS	
25C. ADDRESS		25D. ADDRESS		25E. ADDRESS	
25F. ADDRESS		25G. ADDRESS		25H. ADDRESS	
25I. ADDRESS		25J. ADDRESS		25K. ADDRESS	
25L. ADDRESS		25M. ADDRESS		25N. ADDRESS	
25O. ADDRESS		25P. ADDRESS		25Q. ADDRESS	
25R. ADDRESS		25S. ADDRESS		25T. ADDRESS	
25U. ADDRESS		25V. ADDRESS		25W. ADDRESS	
25X. ADDRESS		25Y. ADDRESS		25Z. ADDRESS	
25AA. ADDRESS		25AB. ADDRESS		25AC. ADDRESS	
25AD. ADDRESS		25AE. ADDRESS		25AF. ADDRESS	
25AG. ADDRESS		25AH. ADDRESS		25AI. ADDRESS	
25AJ. ADDRESS		25AK. ADDRESS		25AL. ADDRESS	
25AM. ADDRESS		25AN. ADDRESS		25AO. ADDRESS	
25AP. ADDRESS		25AQ. ADDRESS		25AR. ADDRESS	
25AS. ADDRESS		25AT. ADDRESS		25AU. ADDRESS	
25AV. ADDRESS		25AW. ADDRESS		25AX. ADDRESS	
25AY. ADDRESS		25AZ. ADDRESS		25BA. ADDRESS	
25BB. ADDRESS		25BC. ADDRESS		25BD. ADDRESS	
25BE. ADDRESS		25BF. ADDRESS		25BG. ADDRESS	
25BH. ADDRESS		25BI. ADDRESS		25BJ. ADDRESS	
25BK. ADDRESS		25BL. ADDRESS		25BM. ADDRESS	
25BN. ADDRESS		25BO. ADDRESS		25BP. ADDRESS	
25BQ. ADDRESS		25BR. ADDRESS		25BS. ADDRESS	
25BT. ADDRESS		25BU. ADDRESS		25BV. ADDRESS	
25BW. ADDRESS		25BX. ADDRESS		25BY. ADDRESS	
25BZ. ADDRESS		25CA. ADDRESS		25CB. ADDRESS	
25CC. ADDRESS		25CD. ADDRESS		25CE. ADDRESS	
25CF. ADDRESS		25CG. ADDRESS		25CH. ADDRESS	
25CI. ADDRESS		25CK. ADDRESS		25CL. ADDRESS	
25CM. ADDRESS		25CN. ADDRESS		25CO. ADDRESS	
25CP. ADDRESS		25CQ. ADDRESS		25CR. ADDRESS	
25CS. ADDRESS		25CT. ADDRESS		25CU. ADDRESS	
25CV. ADDRESS		25CW. ADDRESS		25CX. ADDRESS	
25CY. ADDRESS		25CZ. ADDRESS		25DA. ADDRESS	
25DB. ADDRESS		25DC. ADDRESS		25DD. ADDRESS	
25DE. ADDRESS		25DE. ADDRESS		25DE. ADDRESS	

[Faint handwritten notes at the bottom of the page]



622
52 9902

MLB.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9902
Registered No.

1. NAME OF DECEASED (Type or Print) Eva Mae Gorsuch			2. DATE OF DEATH 10-27-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3328 Belvedere Ave.		
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH Oct 17, 1886	11. AGE (In years last birthday) 66 yrs	12. Under 1 Year Months: Days 12 Under 24 Hours Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			14. BIRTHPLACE (State or foreign country) Maryland		
15. FATHER'S NAME Clay Henry/Miller			16. CITIZEN OF WHAT COUNTRY?		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			18. SOCIAL SECURITY NUMBER		
19. 18. 443X and E903.0			19. CAUSE OF DEATH (A) Fracture of Right Hip (B) Hypertensive Cardio Vascular Disease (C) CERTIFICATION APPROVED BY <i>William J. Smith</i> M.D. CHIEF OR ASST. MEDICAL EXAMINER.		
20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443X and E903.0			21. INTERVAL BETWEEN ONSET AND DEATH 7 days		
22. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			23. DATE SIGNED 10-28-52		
24. DATE OF OPERATION 10-27-52			25. MAJOR FINDINGS OF OPERATION		
26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>			27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Homes		
28. WHERE DID INJURY OCCUR? 3328 Belvedere Ave Zone 15			29. HOW DID INJURY OCCUR? Fall at home		
30. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-27-52 Hours ?			31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
32. I hereby certify that I attended the deceased from 10-21 , 19 52 to 10-27 , 19 52 that I last saw the deceased alive on 10-27, 19 52 and that death occurred at 9:15 P.M. from the causes and on the date stated above.			33. SIGNATURE Dr. Johnston		
34. ADDRESS 4940 Eastern Ave Balto Md.			35. DATE SIGNED 10-28-52		
36. A. BURIAL, CREMATION, REMOVAL (Specify) Burial			37. DATE 10/31/52		
38. NAME OF CEMETERY OR CREMATORY Balto. Cem.			39. LOCATION (City, town, or county) (State) Balto., Md.		
40. RECEIVED BY CT 301952			41. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
42. FUNERAL DIRECTOR Wm. J. Lickner & Sons			43. ADDRESS Balto 27, Md.		

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NAME OF DECEASED
AGE
SEX
DATE OF BIRTH
PLACE OF BIRTH
OCCUPATION
MANNER OF DEATH
CAUSE OF DEATH
PLACE OF DEATH
DATE OF DEATH
TIME OF DEATH
SIGNATURE OF REGISTRAR
SIGNATURE OF PHYSICIAN
SIGNATURE OF WITNESSES

1. Name of deceased
2. Age
3. Sex
4. Date of birth
5. Place of birth
6. Occupation
7. Manner of death
8. Cause of death
9. Place of death
10. Date of death
11. Time of death
12. Signature of registrar
13. Signature of physician
14. Signature of witnesses

621
52 9903BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9903

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS BLAIR KIRKPATRICK

2. DATE
OF
DEATH

10-29-52

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

1004 Haverhill Rd.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1004 Haverhill Rd.

5. Length of stay in Baltimore

Yrs.
Mos.
Days

6. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

8. DATE OF BIRTH

Jan. 31, 1884

9. AGE (in years;

last birthday)

68

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

9. FATHER'S NAME

Benjamin F. Kirkpatrick

14. MOTHER'S MAIDEN NAME

Anna Keifer

10. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rd

Mrs. Bertha E. Kirkpatrick-1004 Haverhill

18. 443 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

8 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardio Vasc. Dis.

1943

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, to Oct 29, 1952, that I last saw the
deceased alive on Oct 28, 1952, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/1/52

Loudon Park Cem.

Balto., Md.

25. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 30 1952

Huntington Williams, M.D.

Chas. J. Vickers & Sons

VS 150

65050

Balto. 17, Md.

1000 1000

1000 1000

1000



60
52 9904BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9904

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GRACE E. SHAFFER

2. DATE
OF
DEATH

Oct. 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3416 Gwynns Falls Pkwy.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3416 Gwynns Falls Pkwy.

5. Length of stay in Baltimore

Yrs.
Mos.
Days

6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

female

white

single

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Bankers

9. FATHER'S NAME

Charles C. Shaffer

8. DATE OF BIRTH

Oct. 10, 1881

9. AGE (In years last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Virginia Boston

13. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Pkwy

Mrs. Thomas S. Greenawalt-3416 Gwynns Falls

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis

4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) cardio vascular disease

?

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 14, 1952 to Oct. 29, 1952 that I last saw the deceased alive on Oct 28, 1952, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Halla Stabler

23B. ADDRESS

M. D.

2320 Garrison Blvd

23C. DATE SIGNED

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/1/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Baltg., Md.

(State)

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

2500 J. Pickens & Sons

OCT 30 1952

VS 150

6407100698 Baltg 17, Md.

520 3905

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9905

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		CHARLES R. PARKER		Oct. 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)			
		A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 35 YRS		D. STREET ADDRESS (If rural, give location) 1308 E. Monument Street			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	B. DATE OF BIRTH 3-28-1900	9. AGE (in years last birthday) 52	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TICKET TAKER			11. BIRTHPLACE (State or foreign country) DORCHESTER CTY. MD		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME HENRY C. PARKER			14. MOTHER'S MAIDEN NAME NANCY JOLLEY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown			16. SOCIAL SECURITY NO.		
			17. INFORMANT PLINA PARKER 1308 E. MONUMENT ST		

18. 150X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer of esophagus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. J. Fisher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11-1-52		24C. NAME OF CEMETERY OR CREMATORY CROSS ROAD	
24D. LOCATION (City, town, or county) Dorchester County, Md		24E. LOCATION (City, town, or county) Dorchester County, Md		24F. LOCATION (City, town, or county) Dorchester County, Md	
24G. DATE RECEIVED BY LOCAL REGISTRAR OCT 30 1952		24H. REGISTRAR'S SIGNATURE Huntington Williams		24I. FUNERAL DIRECTOR Joseph H. Lock Jr	
24J. ADDRESS 1308 E. Monument St		24K. ADDRESS 1308 E. Monument St		24L. ADDRESS 1308 E. Monument St	

MINUTE BOOK

1

324
2 9906BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9906

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>William Batchelor</u>			2. DATE OF DEATH <u>October 28, 1952</u>		
3. PLACE OF DEATH: <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>X</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>10-02</u>		
D. STREET ADDRESS (If rural, give location) <u>1031 Mc Aleer Ct.</u>			E. DATE OF BIRTH <u>10-5-77</u>		
F. AGE (in years last birthday) <u>75</u>			G. AGE (in years last birthday) <u>75</u>		
H. SEX <u>male</u>			I. COLOR OR RACE <u>White</u>		
J. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>			K. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		
L. KIND OF BUSINESS OR INDUSTRY <u>Stationary</u>			M. BIRTHPLACE (State or foreign country) <u>md.</u>		
N. CITIZEN OF WHAT COUNTRY? <u>md.</u>			O. MOTHER'S MAIDEN NAME <u>Sarah Jones</u>		
P. FATHER'S NAME <u>William Batchelor</u>			Q. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		
R. SOCIAL SECURITY NO. <u>212-05-9217A</u>			S. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		
T. CAUSE OF DEATH 18. <u>442X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <u>broncho pneumonia</u> (B) <u>meningitis</u> (C) <u>arteriosclerotic cardiovascular disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 month</u> <u>10 yrs</u>			U. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
V. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			W. DATE OF OPERATION <u>10-28</u>		
X. MAJOR FINDINGS OF OPERATION <u>11/1/52</u>			Y. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Z. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>meadowridge</u>			AA. WHERE DID INJURY OCCUR? <u>Elkridge, Maryland</u>		
AB. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>10-28, 1952</u>			AC. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
AD. HOW DID INJURY OCCUR? <u>fall</u>			AE. I hereby certify that I attended the deceased from <u>9-8</u> , 19 <u>52</u> , to <u>10-28</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-28</u> , 19 <u>52</u> , and that death occurred at <u>855 P.M.</u> , from the causes and on the date stated above.		
AF. SIGNATURE <u>Richard J. Johns</u>			AG. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		
AH. DATE <u>11/1/52</u>			AI. DATE SIGNED <u>29 Oct 52</u>		
AJ. NAME OF CEMETERY OR CREMATOR <u>meadowridge</u>			AK. LOCATION (City, town, or county) (State) <u>Elkridge, Maryland</u>		
AL. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			AM. REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		
AN. FUNERAL DIRECTOR <u>Wm. Cook, Inc.</u>			AO. ADDRESS <u>1217 St. Paul St.</u>		

VS 150

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[Faint, illegible text in the upper section of the form, likely containing personal and identifying information.]

[Faint, illegible text in the lower section of the form, likely containing medical history and cause of death details.]

260
9907BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9907
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Emma R. Howsare</i>		2. DATE OF DEATH <i>10/29/52</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto</i>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>2032 N. Calvert St</i>		C. CITY OR TOWN (If outside corporate limits, write JURAT and give township) <i>Balto 12-04</i>	
6. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>2032 N. Calvert St.</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	10. DATE OF BIRTH <i>3/22/1870</i>
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Housewife</i>		12. AGE (In years last birthday) <i>82</i>	
13. FATHER'S NAME <i>Andrew J. Pennel</i>		14. BIRTHPLACE (State or foreign country) <i>Monroe Township Pa.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <i>No</i>		16. CITIZEN OF WHAT COUNTRY? <i>Unknown</i>	
17. SOCIAL SECURITY NO. <i>000-00-0000</i>		18. MOTHER'S MAIDEN NAME <i>Crawford</i>	
19. INFORMANT <i>Ray Howsare Clearville Pa</i>		20. ADDRESS <i>Clearville Pa</i>	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>		22. INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cardio-vascular</i>		24. DUE TO <i>Hypertensive Disease</i>	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		26. CAUSE OF DEATH <i>Hypertensive Disease</i>	
27. DATE OF OPERATION <i>Oct. 26, 1952</i>		28. MAJOR FINDINGS OF OPERATION <i>Oct. 29, 1952</i>	
29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		30. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
31. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Oct. 26, 1952</i>		32. WHERE DID INJURY OCCUR? <i>Home</i>	
33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		34. HOW DID INJURY OCCUR? <i>Stroke</i>	
35. I hereby certify that I attended the deceased from <i>Oct. 26, 1952</i> to <i>Oct. 29, 1952</i> , that I last saw the deceased alive on <i>Oct. 29, 1952</i> and that death occurred at <i>10 P. M.</i> , from the causes and on the date stated above.		36. SIGNATURE <i>Thomas E. Todd</i>	
37. ADDRESS <i>2108 St Paul St</i>		38. DATE SIGNED <i>10/30/52</i>	
39. NAME OF CEMETERY OR CREMATORY <i>Pleasant Union</i>		40. LOCATION (City, town, or county) (State) <i>Monroe Township Pa.</i>	
41. DATE <i>10/30/52</i>		42. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
43. FUNERAL DIRECTOR <i>Cook Inc.</i>		44. ADDRESS <i>1217 St. Paul St.</i>	

DECLARATION OF DEATH
STATE OF TEXAS

1. Name of Deceased		2. Date of Death	
3. Place of Death		4. Cause of Death	
5. Signature of Declarant		6. Signature of Physician	
7. Signature of Coroner		8. Signature of Registrar	
9. Signature of Witnesses		10. Signature of County Clerk	
11. Signature of Justice of Peace		12. Signature of Notary Public	
13. Signature of Minister of Gospel		14. Signature of Undertaker	
15. Signature of Burial Society		16. Signature of Cemetery	
17. Signature of Funeral Home		18. Signature of Mortician	
19. Signature of Embalmer		20. Signature of Preparator	
21. Signature of Casket Maker		22. Signature of Vault Maker	
23. Signature of Grave Marker		24. Signature of Grave Site	
25. Signature of Grave Plot		26. Signature of Grave Lot	
27. Signature of Grave Section		28. Signature of Grave Row	
29. Signature of Grave Block		30. Signature of Grave Ground	
31. Signature of Graveyard		32. Signature of Graveyard Office	
33. Signature of Graveyard Board		34. Signature of Graveyard Association	
35. Signature of Graveyard Society		36. Signature of Graveyard Union	
37. Signature of Graveyard League		38. Signature of Graveyard Club	
39. Signature of Graveyard Club		40. Signature of Graveyard Association	
41. Signature of Graveyard Society		42. Signature of Graveyard Union	
43. Signature of Graveyard League		44. Signature of Graveyard Club	
45. Signature of Graveyard Club		46. Signature of Graveyard Association	
47. Signature of Graveyard Society		48. Signature of Graveyard Union	
49. Signature of Graveyard League		50. Signature of Graveyard Club	
51. Signature of Graveyard Club		52. Signature of Graveyard Association	
53. Signature of Graveyard Society		54. Signature of Graveyard Union	
55. Signature of Graveyard League		56. Signature of Graveyard Club	
57. Signature of Graveyard Club		58. Signature of Graveyard Association	
59. Signature of Graveyard Society		60. Signature of Graveyard Union	
61. Signature of Graveyard League		62. Signature of Graveyard Club	
63. Signature of Graveyard Club		64. Signature of Graveyard Association	
65. Signature of Graveyard Society		66. Signature of Graveyard Union	
67. Signature of Graveyard League		68. Signature of Graveyard Club	
69. Signature of Graveyard Club		70. Signature of Graveyard Association	
71. Signature of Graveyard Society		72. Signature of Graveyard Union	
73. Signature of Graveyard League		74. Signature of Graveyard Club	
75. Signature of Graveyard Club		76. Signature of Graveyard Association	
77. Signature of Graveyard Society		78. Signature of Graveyard Union	
79. Signature of Graveyard League		80. Signature of Graveyard Club	
81. Signature of Graveyard Club		82. Signature of Graveyard Association	
83. Signature of Graveyard Society		84. Signature of Graveyard Union	
85. Signature of Graveyard League		86. Signature of Graveyard Club	
87. Signature of Graveyard Club		88. Signature of Graveyard Association	
89. Signature of Graveyard Society		90. Signature of Graveyard Union	
91. Signature of Graveyard League		92. Signature of Graveyard Club	
93. Signature of Graveyard Club		94. Signature of Graveyard Association	
95. Signature of Graveyard Society		96. Signature of Graveyard Union	
97. Signature of Graveyard League		98. Signature of Graveyard Club	
99. Signature of Graveyard Club		100. Signature of Graveyard Association	

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52 9908BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9908
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Miss Virginia Louise LaPorte</i>			2. DATE OF DEATH <i>Feb 29, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Charles & Charles</i>			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>St James Hotel</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
6. Length of stay in Baltimore <i>60 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>Charles & Centre Sts</i>		
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	10. DATE OF BIRTH <i>About Feb 1871</i>	11. AGE (In years last birthday) <i>81</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>John LaPorte</i>			14. MOTHER'S MAIDEN NAME <i>Mary J. Rodier</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>		
17. INFORMANT <i>Paul E. LaPorte (nephew)</i>			ADDRESS <i>4406 Bedford</i>		
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>arterio sclerotic cardiac disease</i> DUE TO (B) <i>Generalized arterio sclerosis.</i> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <i>15 yrs</i> <i>20 yrs</i>		
19A. DATE OF OPERATION <i>none</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>no</i>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>no</i>		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>1/29, 1952</i> to <i>10/29, 1952</i> , that I last saw the deceased alive on <i>7/31, 1952</i> and that death occurred at <i>10:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Maurice Feldman</i>			23B. ADDRESS <i>The Latrobe, Charles St</i>		
23C. DATE SIGNED <i>10/30/52</i>					
24A. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>			24B. LOCATION (City, town, or county) <i>Baltimore</i>		
24C. NAME OF REGISTRAR <i>Huntington Williams, M.D.</i>			24D. ADDRESS <i>1000 N. Calver St. Balto.</i>		
24E. DATE OF REGISTRATION <i>Oct 30 1952</i>					

8008

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UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

8008

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 9909

BIRTH NO. _____

52 9909

1. NAME OF DECEASED (Type or Print) ULYSSES		2. DATE OF DEATH October 27, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 28 yrs		d. STREET ADDRESS (If rural, give location) 4512 Spring Avenue	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Fish Dealer	9. AGE (In years last birthday) 48
11. BIRTHPLACE (State or foreign country) Mathew Co., Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles R. Peyton		14. MOTHER'S MAIDEN NAME Annie M. Furguson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO. 213-08-2288	
17. INFORMANT Mrs. Marie V. Peyton		ADDRESS 4512 Spring Avenue	

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH _____

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Sclerosis**

DUE TO _____

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO _____

(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION 4/20/51		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <i>[Signature]</i>		23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23c. DATE SIGNED 10/27/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 1, 1952		24c. NAME OF CEMETERY OR CREMATORY Family lot	
24d. LOCATION (City, town, or county) (State) Matthew Co. Va		25. FUNERAL DIRECTOR Matthew Co. Va		ADDRESS 1631 Spring Hill Ave	
DATE RECEIVED BY LOCAL REGISTRAR Oct 30 1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>		26. ADDRESS OF REGISTRAR 290651 2 0 0 0	

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M-265
52 9910BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9910

BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Joseph Mc Cormack		2. DATE OF DEATH 10-29-52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 2647 Dulany St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-05	
6. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2647 Dulany St.	
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH 12-23-1882
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bottler		12. AGE (In years last birthday) Months Days 67	
13. KIND OF BUSINESS OR INDUSTRY Brewery		14. BIRTHPLACE (State or foreign country) Ireland	
15. FATHER'S NAME Not Known		16. CITIZEN OF WHAT COUNTRY?	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		18. SOCIAL SECURITY NO.	
19. INFORMANT John E. McCormack		20. ADDRESS 2647 Dulany St.	
21. CAUSE OF DEATH 18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (A) Arterio-sclerotic DUE TO cardio-vascular lesions (B) cerebral hemorrhage DUE TO 121 (C) 121			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/30 , 19 50 , to 10/19 , 19 52 , that I last saw the deceased alive on 10/19 , 19 52 , and that death occurred at 2:00 m., from the causes and on the date stated above.			
23A. SIGNATURE Bonifacio Kiehl, MD		23B. ADDRESS 1030 W. St. Anselmo	
23C. DATE SIGNED 10/30/52			
24A. NAME OF CEMETERY OR CREMATORY Cathedral Cem.		24B. LOCATION (City, town, or county) (State) Baltimore Md.	
25. RECEIVED BY 30 1952 H. E. Taylor, M.D.		26. REGISTRAR'S SIGNATURE George A. Farley - Catonsville, Md.	
27. FUNERAL DIRECTOR George A. Farley - Catonsville, Md.		28. ADDRESS	

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<h1 style="margin: 0;">H-561</h1> <h2 style="margin: 0;">52 9911</h2>		<h3 style="margin: 0;">BALTIMORE CITY HEALTH DEPARTMENT</h3> <h3 style="margin: 0;">CERTIFICATE OF DEATH</h3>		<h2 style="margin: 0;">52 9911</h2> <p style="margin: 0;">Registered No. _____</p>	
1. NAME OF DECEASED (Type or Print) Catherine Hommerbocker				2. DATE OF DEATH Oct. 27, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland 1932 E. Fayette St				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 1932 E. Fayette St				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-04	
6. PLACE OF BIRTH (If rural, give location) 1932 E. Fayette St.				D. STREET ADDRESS (If rural, give location) 1932 E. Fayette St.	
7. SEX Female		8. COLOR OR RACE White		9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10. DATE OF BIRTH Oct. 3, 1868		11. AGE (in years last birthday) 84		12. Under 1 Year: Months _____ Days _____ Under 24 Hours: Hours _____ Min. _____	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		14. KIND OF BUSINESS OR INDUSTRY		15. BIRTHPLACE (State or foreign country) Maryland	
16. FATHER'S NAME William Arch		17. MOTHER'S MAIDEN NAME Don't know		18. CITIZEN OF WHAT COUNTRY?	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No.		20. SOCIAL SECURITY NO.		21. INFORMANT ADDRESS Geo. Hommerbocker 1932 E. Fayette St.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerosis C.V. Disease DUE TO				INTERVAL BETWEEN ONSET AND DEATH Aug. 10/51	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Myocarditis DUE TO Myocardial Failure DUE TO				Aug. 10/51 Oct. 16/52	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Gasoline 3 left leg				Oct. 22/52	
21. DATE OF OPERATION None		22. MAJOR FINDINGS OF OPERATION Chronic		23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		26. WHERE DID INJURY OCCUR? Home	
27. TIME (Month) (Day) (Year) OF INJURY None		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. HOW DID INJURY OCCUR? None	
30. I hereby certify that I attended the deceased from Aug. 10, 1951 , to Oct. 27, 1952 , that I last saw the deceased alive on Oct. 26, 1952 , and that death occurred at 6:45 P.M. , from the causes and on the date stated above.					
31. SIGNATURE E. Schuman		32. ADDRESS 8428 East Ave		33. DATE SIGNED Oct. 28/52	
34. BURIAL, CREMATION, REMOVAL (Specify) Burial		35. DATE Oct. 30, 1952		36. NAME OF CEMETERY OR CREMATORY Western Cemetery	
37. LOCATION (City, town, or county) (State) Baltimore, Md.		38. REGISTRAR'S SIGNATURE Huntington Williams			
39. FUNERAL DIRECTOR Ulrich Funeral Home		40. ADDRESS 2008 Orleans St.			

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GALTON & SONS, LTD.

CENTRAL BANK OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9912
Registered No.

BIRTH NO. 52-13615

NAME OF DECEASED
(Type or Print)

PATRICIA ANN TWELE

2. DATE
OF
DEATH

Oct. 29, 1952

PLACE OF DEATH:
Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

O. STREET ADDRESS (If rural, give location)

4223 KOLB AVE.

of stay in Baltimore

SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

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W

S

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

May 29, 1952

9. AGE (In years last birthday)

11 Under 1 Year Months: Days 5
11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME

ROBERT EDWARD TWELE

14. MOTHER'S MAIDEN NAME

ELIZABETH MARIE LANG

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

FATHER

SAME

18. 754.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congenital Heart

DUE TO

(C) Mongolism

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 13, 1952, to Oct. 29, 1952, that I last saw the deceased alive on Oct. 29, 1952, and that death occurred at 7 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Martina Triona - Certego

M. O.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

10-29-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

10/31/52

24C. NAME OF CEMETERY OR CREMATORY

Morland Park

24D. LOCATION (City, town, or county)

Balt Md

(State)

25. RECEIVED BY REGISTRAR'S SIGNATURE

50150152 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L.J. Buck

ADDRESS

5305 Hayford Rd

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9913**

363
9913
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ODELL EDWARDS		2. DATE OF DEATH October 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 4-03	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 28 yrs.		D. STREET ADDRESS (If rural, give location) 645 W. Lombard Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-19-1922
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Burner		9. AGE (In years last birthday) 30	
10B. KIND OF BUSINESS OR INDUSTRY Auto. Wrecking		11. BIRTHPLACE (State or foreign country) Greenwood, South Carolina	
13. FATHER'S NAME Spencer Edwards		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		14. MOTHER'S MAIDEN NAME Tessie Fedd	
16. SOCIAL SECURITY NO. 320-01-5145		17. INFORMANT Tinnie Kitter	
		ADDRESS 161732 Llewellyn Ave	

18. E982X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Multiple Stab Wounds of Chest DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) house	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 645 W. Lombard Street		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 10/26/52 7:32 P.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? sharp instrument		
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE [Signature]		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 10/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-1-1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	24D. LOCATION (City, town, or county) (State) Anne Arundel Co. 777d.
DATE RECEIVED BY LOCAL REGISTRAR OCT 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Randolph J. Collick	
		ADDRESS 1426 Preston St	

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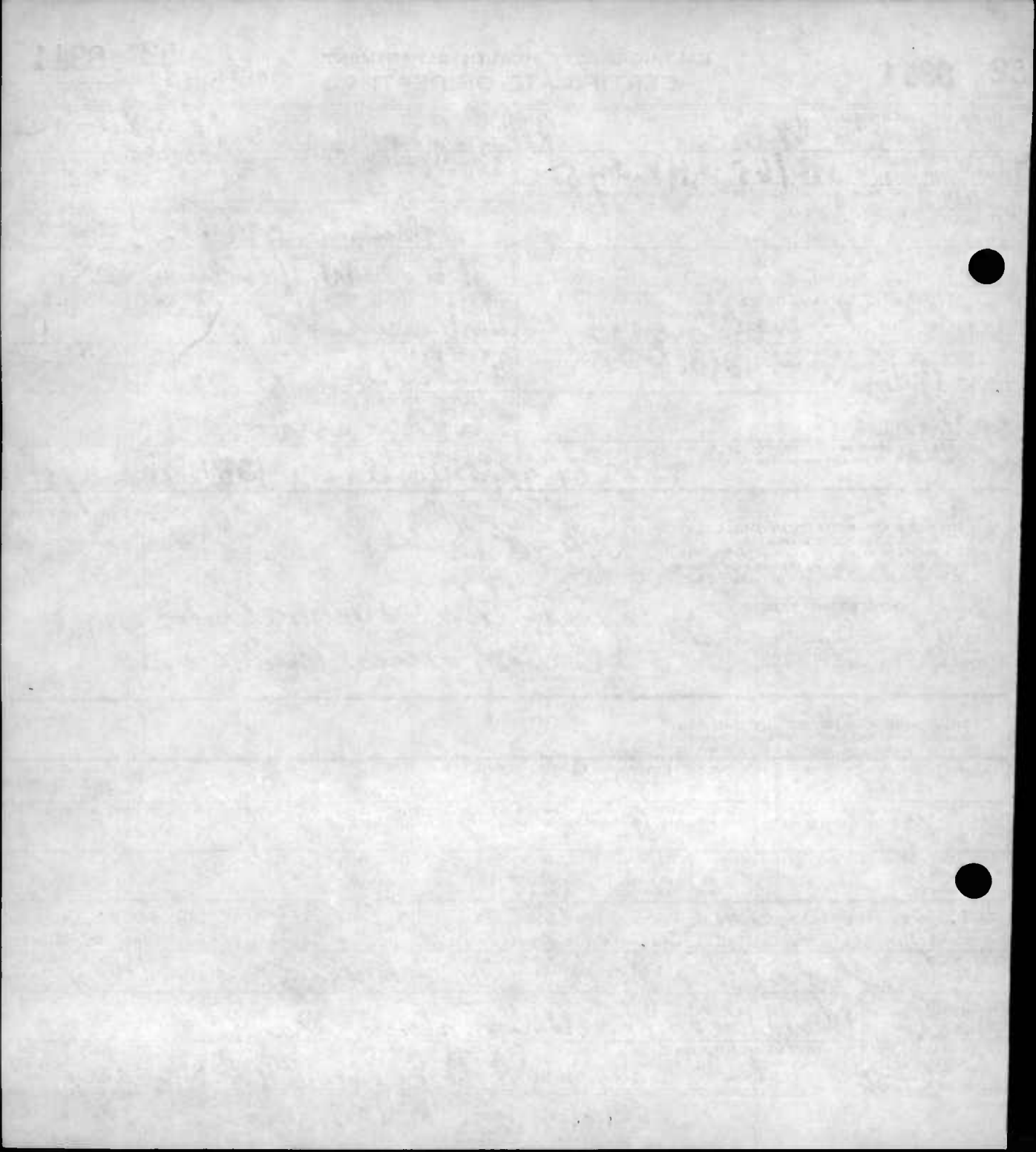


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52 9914BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9914

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Ally Good</i>		2. DATE OF DEATH <i>10-26-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>165 W. Hambley St.</i>		1. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, with RURAL and five townships) <i>Baltimore Md. 23-01</i>	
C. Length of stay in Baltimore <i>50</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>165 W. Hambley St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col-</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>unknown</i>
9. AGE (In years, last birthday) <i>67</i>		10. AGE (In years, last birthday) <i>67</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Color-Bellman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>15th RR.</i>	
11. BIRTHPLACE (State or foreign country) <i>East Africa</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes, no or unknown</i>		16. SOCIAL SECURITY NO. <i>705-07-7178</i>	
17. INFORMANT <i>John Hill</i>		ADDRESS <i>165 W. Hambley St.</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Heart failure</i> DUE TO (B) <i>Hypertensive & arteriosclerotic</i> DUE TO <i>cardiovascular renal disease</i> (C) _____ INTERVAL BETWEEN ONSET AND DEATH _____	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		21D. TIME (Month) (Day) (Year) (Hour) _____	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>10/16</i> , 19 <i>52</i> , to <i>10/26</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>10/25</i> , 19 <i>52</i> , and that death occurred at <i>4:00</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>J. Shorofsky M.D.</i>		23B. ADDRESS <i>601 N. HARROEST.</i>	
23C. DATE SIGNED <i>10/30/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/1/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Wm. A. Williams Co. Md.</i>		24D. LOCATION (City, town, or county) (State) <i>Balt. Md.</i>	
25. FUNERAL DIRECTOR <i>W. B. Fraygo</i>		ADDRESS <i>139 W. Hambley St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 30 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	



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2 9915
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9915

1. NAME OF DECEASED (Type or Print) FREDERICK SHERMAN FREYER (FRIAR)		2. DATE OF DEATH Oct. 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Roxy Hotel	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Sept. 16, 1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10B. KIND OF BUSINESS OR INDUSTRY News-Post	9. AGE (In years last birthday) 46 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME S. S. Friar		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) yes W.W. II		16. SOCIAL SECURITY NO.	
17. INFORMANT Rose Funeral Home, Knoxville, Tennessee		ADDRESS	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial insufficiency due to Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE R. F. Fisher M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 10-29-52
24A. BURIAL, CREMATION, REMOVAL (Specify) removal	24B. DATE 10/30/52	24C. NAME OF CEMETERY OR CREMATORY Knoxville	24D. LOCATION (City, town, or county) (State) Knoxville, Tennessee	
DATE RECEIVED BY LOCAL REGISTRAR OCT 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook & Co. ADDRESS 1217 St. Paul Street

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52 9916BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9916
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Anton Wuerdinger</i>		2. DATE OF DEATH <i>OCT. 28 52</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>2217 Sidney Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>Anton Wuerdinger</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
7. STREET ADDRESS (If rural, give location) <i>2217 Sidney Ave</i>		8. DATE OF BIRTH <i>Jan. 16 1884</i>	
9. AGE (In years last birthday) <i>68</i>		10. UNDER 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Joseph Wuerdinger</i>		14. MOTHER'S MAIDEN NAME <i>Anna Stelerman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>213-12-2699</i>	
17. INFORMANT <i>Anton Wuerdinger</i>		18. ADDRESS <i>2217 Sidney Ave</i>	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiac Failure</i> DUE TO ANTECEDENT CAUSES <i>Carcinoma of Stomach</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
19A. DATE OF OPERATION <i>April 52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Cancer stomach</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>OCT. 20, 52</i> to <i>OCT. 28, 1952</i> , that I last saw the deceased alive on <i>OCT. 28, 1952</i> and that death occurred at <i>4:50 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Wm. Kieffer</i>		23B. ADDRESS <i>2200 Washington Blvd. Baltimore 30 52</i>	
23C. DATE SIGNED <i>OCT 30 1952</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>OCT 31 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>	
25. FUNERAL DIRECTOR <i>Leo S. Book</i>		ADDRESS <i>1701-03 Patterson Park Ave</i>	

Mr Geo Schaffer 2470 Was Blvd Ed 1723.

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52 9917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9917

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
George J. Diamond		10-30-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY	
J. Balto - Md.		Md.	
5. FULL NAME OF HOSPITAL OR INSTITUTION 1301 Dundalk Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto - Md 26-26	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1301 Dundalk Ave	
7. SEX m	8. COLOR OR RACE W.	9. SINGLE - MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH 6-25-81
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		12. AGE (in years last birthday) 71	
13. FATHER'S NAME James Diamond		14. MOTHER'S MAIDEN NAME Anna Weist	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
Yes, no or unknown		17. INFORMANT Klara Diamond	
		ADDRESS same	

18. 422.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June 30, 1951, to Dec 18, 1952, that I last saw the deceased alive on Oct 18, 1952, and that death occurred at 9 a. m., from the causes and on the date stated above.				
23A. SIGNATURE M. D. M. J. Davis		23B. ADDRESS Baltimore - Md		23C. DATE SIGNED 10/30/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-3-52	24C. NAME OF CEMETERY OR CREMATORY Wilmersburg M. H. Cemetery	24D. LOCATION (City, town, or county) (State) Balto - Md	
DATE RECEIVED BY LOCAL REGISTRAR OCT 30 1952		25. FUNERAL DIRECTOR Lilly + Zeigler 403 S. High St ADDRESS		

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9918
Registered No.

350
2 9918
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARTHA W. KATTEN		2. DATE OF DEATH October 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 6303 Fordham Drive		27-20	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH March 14, 1876	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	
11. BIRTHPLACE (State or foreign country) Scranton, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Benedict Millhauser		14. MOTHER'S MAIDEN NAME Lina Halberger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or not known) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Charles Rascover, 6303 Fordham Drive		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary occlusion		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. ...</i>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Oct. 30, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct. 31, 1952	24C. NAME OF CEMETERY OR CREMATORY Baltimore Hebrew Cem.	24D. LOCATION (City, town, or county) (State) Belair Road, Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR Oct 30 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. GENERAL DIRECTOR <i>David R. Martin</i>		ADDRESS 1902 Eutaw Place Baltimore, Maryland	

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52 9919

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9919

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSHUA WINDER

2. DATE
OF
DEATH

10-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W. DIVORCED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Quarry

13. FATHER'S NAME

Robert Winder

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

?

9. AGE (In years
last birthday)

68 yr

If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

T.

17. INFORMANT

ADDRESS

Joshua J. Winder Jr., Cocheysville, Md

18. 026X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PULMONARY Embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Old Myocardial Infarction

DUE TO

(C) Meningo-Vascular Embolus

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1952 to 10/29, 1952 that I last saw the
deceased alive on 10/29, 1952 and that death occurred at 10 AM., from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Foley

M. D.

23B. ADDRESS

Quar. Horse

23C. DATE SIGNED

10/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Buried

24B. DATE

11-2-52

24C. NAME OF CEMETERY OR CREMATORY

Basil A.M.E.

24D. LOCATION (City, town, or county)

Cocheysville, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. Scott Brooks, Sparks, Md.

PT 301952

VS 150

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MEDICAL CERTIFICATION

1913

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) John M. Engelhardt		2. DATE OF DEATH Oct. 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION 3716 Chesholm Road		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. Length of stay in Baltimore 70 -- Yrs.		8. STREET ADDRESS (If rural, give location) 3716 Chesholm Road	
9. SEX Male	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	12. DATE OF BIRTH Mar. 31, 1864
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		14. AGE (in years last birthday) 88	
15. KIND OF BUSINESS OR INDUSTRY		16. BIRTHPLACE (State or foreign country) Bavaria	
17. FATHER'S NAME Christian Engelhardt		18. CITIZEN OF WHAT COUNTRY?	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		20. MOTHER'S MAIDEN NAME Eva Lange	
21. SOCIAL SECURITY NO. none		22. INFORMANT ADDRESS Mrs. Elsa M. Kramer 3716 Chesholm Rd.	

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral hemorrhage**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

INTERVAL BETWEEN ONSET AND DEATH

16 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

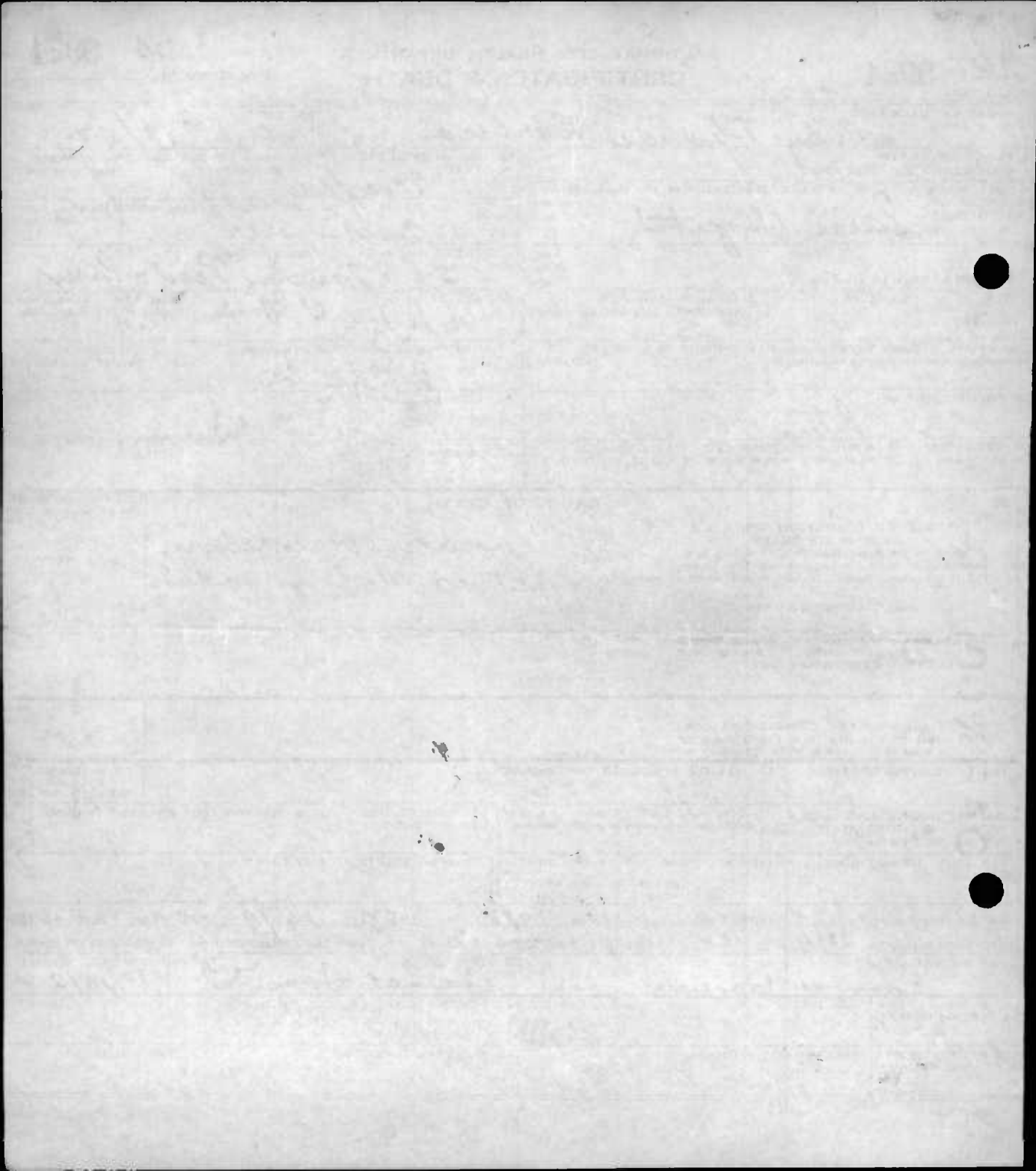
19A. DATE OF OPERATION 10/28		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/7 19 51 , to 10/28 , 19 52 , that I last saw the deceased alive on 10/28 , 19 52 , and that death occurred at 3:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert A. Reiter		23B. ADDRESS 3408 Windsor Ave.		23C. DATE SIGNED 10/29/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 10-31-1952		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS Howard Strong 3207 W. North Ave.,	

VS 150

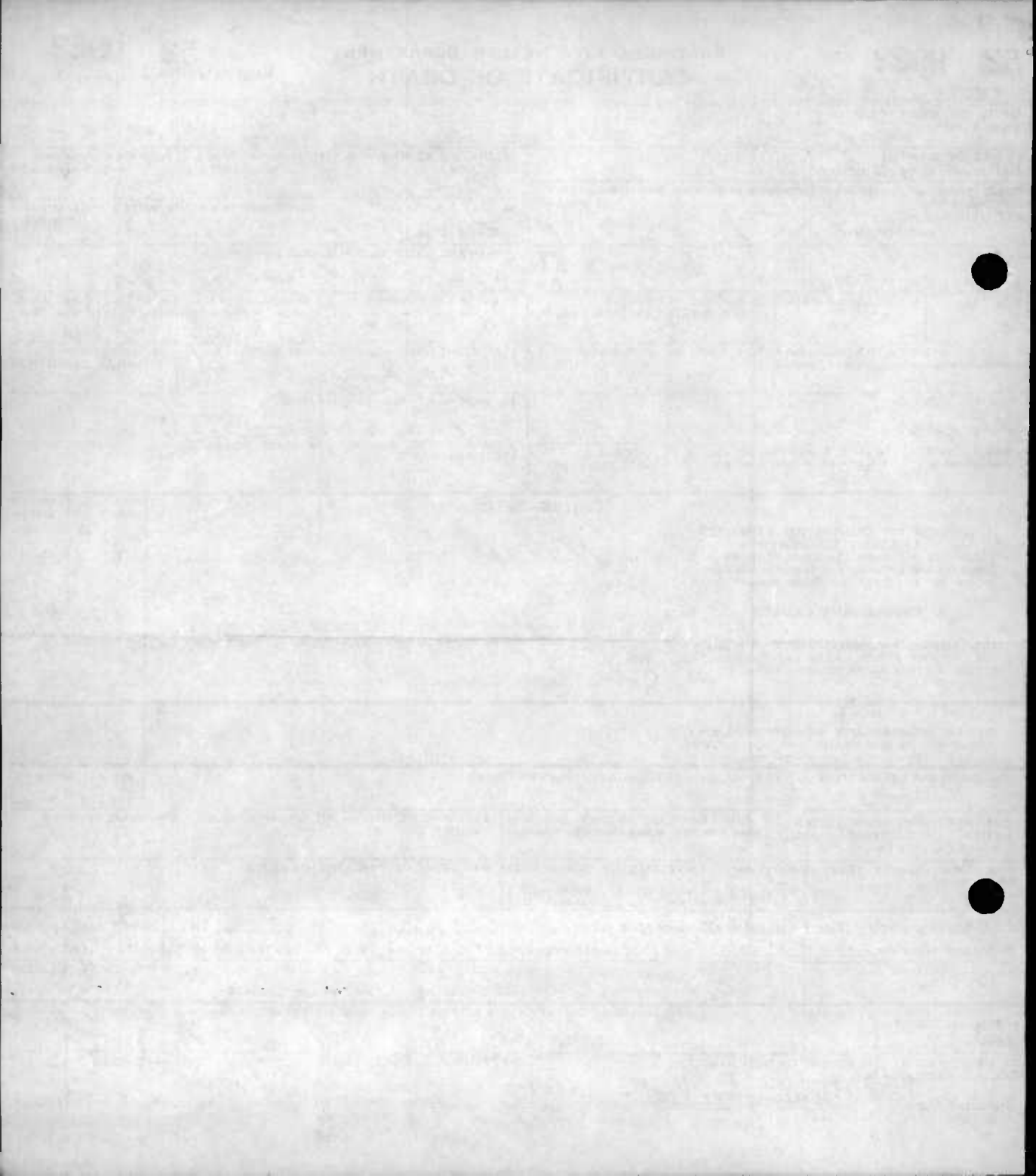
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Dr. Ketcher

BIRTH NO. 616		BALTIMORE CITY HEALTH DEPARTMENT		52 9921	
52 9921		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Baby Thomas Barbera</i>			2. DATE OF DEATH <i>10/9/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Swai Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>5354</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>549 Langley Road - Essex</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	8. DATE OF BIRTH <i>10/2/52</i>	9. AGE (In years last birthday) <i>✓</i>	10. Under 1 Year Months: <i>7</i> Days: <i>7</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Peter</i>			14. MOTHER'S MAIDEN NAME <i>Weinmann</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
18. <i>768.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Probable overwhelming infection, etiology undet.</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>21</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/8</i> , 1952 to <i>10/9</i> , 1952 that I last saw the deceased alive on <i>10/9</i> , 1952, and that death occurred at <i>11 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Leon Danner</i> M. D.		23B. ADDRESS <i>Swai Hospital</i>		23C. DATE SIGNED <i>10/10/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>		24D. LOCATION (City, town, or county) (State) <i>PCT 29 1952</i>	
25A. RECEIVED BY LOCAL REGISTRAR <i>OCT 31 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Huntington Williams</i>		ADDRESS



52 9922		BALTIMORE CITY HEALTH DEPARTMENT		52 9922	
CERTIFICATE OF DEATH		Registered No.			
1. NAME OF DECEASED (Type or Print) <i>BABY GIRL CHURCH</i>		2. DATE OF DEATH <i>10-22-52</i>			
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
FULL NAME OF (If not in hospital or institution, give street address or location) <i>SINAI HOSPITAL</i>		A. STATE <i>MARYLAND</i> B. COUNTY <i>Baltimore</i>			
5. Length of stay in Baltimore <i>22 Hrs. 65 min</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>ESSEX 5354</i>			
6. COLOR OR RACE <i>W</i>		D. STREET ADDRESS (If rural, give location) <i>612 S. MARLYN AVE.</i>			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>5</i>		8. DATE OF BIRTH <i>10-21-52</i>		9. AGE (In years last birthday) <i>23 (Hrs)</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>	
12. FATHER'S NAME <i>AVERY CHURCH</i>		14. MOTHER'S MAIDEN NAME <i>TERESA FITZPATRICK</i>		12. CITIZEN OF WHAT COUNTRY?	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. <i>762.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>MANGOLISM</i> DUE TO ANTECEDENT CAUSES (B) <i>PULMONARY ATELECTASIS</i> DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>23 Hrs</i> <i>AT BIRTH</i> <i>20 Hrs.</i>			
19A. DATE OF OPERATION <i>21</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-21-52</i> , 19__, to <i>10-22-52</i> , 19__, that I last saw the deceased alive on <i>10-22-52</i> , 19__, and that death occurred at <i>1:00 a. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Maryann Leptum</i>		23B. ADDRESS <i>Sinai Hospital</i>		23C. DATE SIGNED <i>10-22-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		24I. ADDRESS	
VS 150		9520209945			



530

52 9923

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9923

Registered No.

BIRTH NO. 12-25531		2. DATE OF DEATH 10.20.52	
1. NAME OF DECEASED (Type or Print) BABY GIRL SMITH		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
3. PLACE OF DEATH: A. Baltimore City, Maryland University Hospital		A. STATE Md.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital.		B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balt - 18-0		D. STREET ADDRESS (If rural, give location) 821 W. Mulberry St	
E. Length of stay in Baltimore 14 hours 50 min		8. DATE OF BIRTH 10.19.52	
5. SEX Female	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	9. AGE (In years last birthday) 14 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ncl		10B. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown SMITH		14. MOTHER'S MAIDEN NAME Valaida Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Omara Cheryan		ADDRESS University Hospital	

18. 760.0	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) INTRA-CRANIAL HAEMORRHAGE	14 Hrs 50 min
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) Asphyxia Neonatorum	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10.19, 1952 to 10.20, 1952 that I last saw the deceased alive on 10.20, 1952, and that death occurred at 8:10 A.M., from the causes and on the date stated above.					
23A. SIGNATURE O Cheryan		23B. ADDRESS University Hospital Baltimore		23C. DATE SIGNED 10.20.52	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL	24D. LOCATION (City, town, or county) OCT 29 1952		
DATE RECEIVED BY LOCAL REGISTRAR OCT 31 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR, ADDRESS Huntington Williams, M.D.		

2508 82

EXTRACT FROM THE
CERTIFICATE OF DEATH

2508 82

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 9924

BIRTH NO. 52 9924 82-21503

1. NAME OF DECEASED (Type or Print) Louis Jackson Jr			2. DATE OF DEATH 10/25/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Balto		
5. FULL NAME OF HOSPITAL OR INSTITUTION U. H.			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore 18-01		
6. Length of stay in Baltimore 5 weeks + 1 Mos. 5 Days			D. STREET ADDRESS (If rural, give location) 905 W. Saratoga Apt. #2		
5. SEX M	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9/15/52		9. AGE (In years last birthday) 41
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? U.S.
3. FATHER'S NAME Louis Jackson			14. MOTHER'S MAIDEN NAME Florence Lenore Goode		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —	17. INFORMANT ADDRESS Father As Above		

18. 571.0 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Diarrhea Severe Dehydration + Acidosis		6 days
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. (B) U R I upper respiratory infection		7 days
DUE TO		Since Birth
(C) Prematurity		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **10/22**, 1952, to **10/25/52**, 19**52**, that I last saw the deceased alive on **10/25/52**, 19**52**, and that death occurred at **8:30** p m., from the causes and on the date stated above.

23A. SIGNATURE **George H. Smith** M. D. 23B. ADDRESS **U. H.** 23C. DATE SIGNED **10/25/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE **10** 24C. NAME OF CEMETERY OR CREMATORY **UNIVERSITY MEDICAL SCHOOL** 24D. LOCATION (City, town, or county) (State) **OCT 29 1952**

25. FUNERAL DIRECTOR **Huntington Williams, M.D.** ADDRESS **Huntington Williams, M.D.**

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

PREVIOUS ILLNESS

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

PERIOD OF ILLNESS

DATE OF ONSET

DATE OF DEATH

DATE OF BURIAL

DATE OF INTERMENT

DATE OF CREMATION

DATE OF EXHUMATION

254

52 9925

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9925

Registered No.

BIRTH NO. 52-25870		1. NAME OF DECEASED (Type or Print) <u>Baker Boy Mc Millan</u>		2. DATE OF DEATH <u>10-27-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u> <u>16-04</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>U. H</u>		D. STREET ADDRESS (If rural, give location) <u>1832 N Mosher St</u>		E. DATE OF BIRTH <u>10-26-52</u>	
c. Length of stay in Baltimore		F. AGE (In years last birthday) <u>1</u>		G. Under 1 Year Months: Days: <u>1</u>	
5. SEX <u>M</u>	6. COLOR OF HAIR <u>red</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		H. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>md.</u>	
13. FATHER'S NAME <u>Johnnie</u>		14. MOTHER'S MAIDEN NAME <u>Ernestine Hines</u>		12. CITIZEN OF WHAT COUNTRY?	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Father</u>	
16. SOCIAL SECURITY NO.		ADDRESS <u>same</u>			

18. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <u>Prematurity</u>		DUE TO			
ANTECEDENT CAUSES		(B) <u>Asphyxia</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
II		(C) <u>aspiration</u>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <u>10-27-52</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10-27-52 to 10-27-52, that I last saw the deceased alive on 10-27-52, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Elise J. J. J.</u>		23B. ADDRESS <u>U. H</u>		23C. DATE SIGNED <u>10-29-52</u>	
A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	

TE RECEIVED BY CAL REGISTRAR <u>131 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, M.D.</u>	
				ADDRESS	

95200099100

60
52 9926

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9926
Registered No.

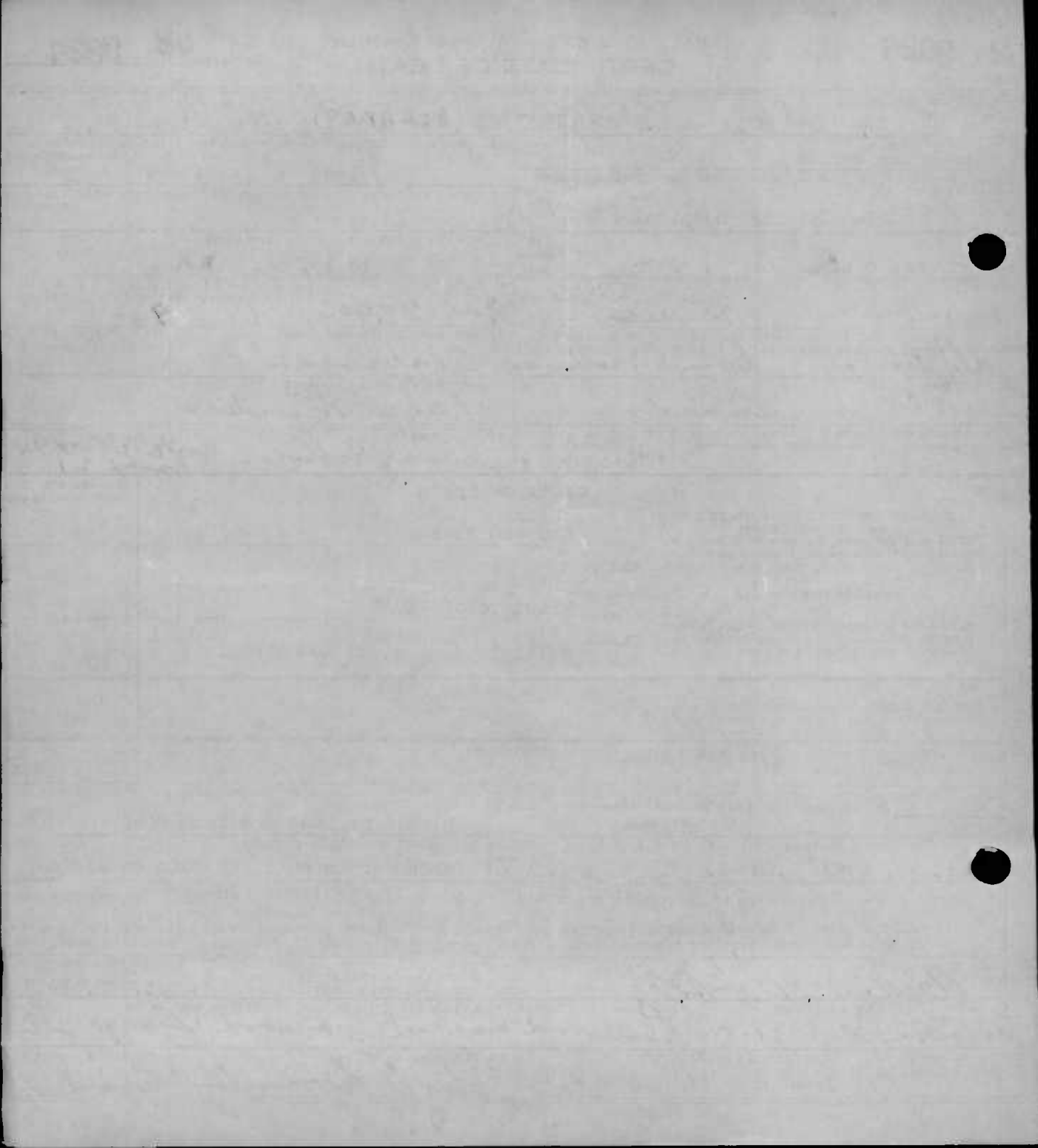
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ALMA G. SCHAEFFER (SCHAFER)		October 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		A. STATE Maryland B. COUNTY Baltimore	
C. Length of stay in Baltimore Co. 7 yrs.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex	
D. STREET ADDRESS (If rural, give location) Route 16, Box 418 1/2		D. STREET ADDRESS (If rural, give location)	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 31-1903
9. AGE (In years last birthday) 49	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electronics	11. BIRTHPLACE (State or foreign country) Alabama	12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME Albert Edmonds		14. MOTHER'S MAIDEN NAME Lula Hinters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 356-03-7509	
17. INFORMANT Irving Schaffer		ADDRESS Route 16 Box 418 1/2	

18. E 816.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushed chest ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture of skull Multiple contusions and abrasions		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pulaski Highway and Race Road 5300
21D. TIME (Month) (Day) (Year) (Hour) Oct. 30, 1952 2:00 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Passenger in auto and auto collision

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William Williams		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER		23C. DATE SIGNED Oct. 30, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE Oct. 31-52	24C. NAME OF CEMETERY OR CREMATORY Elmwood Memorial	24D. LOCATION (City, town, or county) (State) Maywood, Chicago Ill.	
DATE RECEIVED BY LOCAL REGISTRAR Oct 31 1952	REGISTRAR'S SIGNATURE Tuntington Williams, M.D.	25. FUNERAL DIRECTOR John S. Connolly		ADDRESS Essex

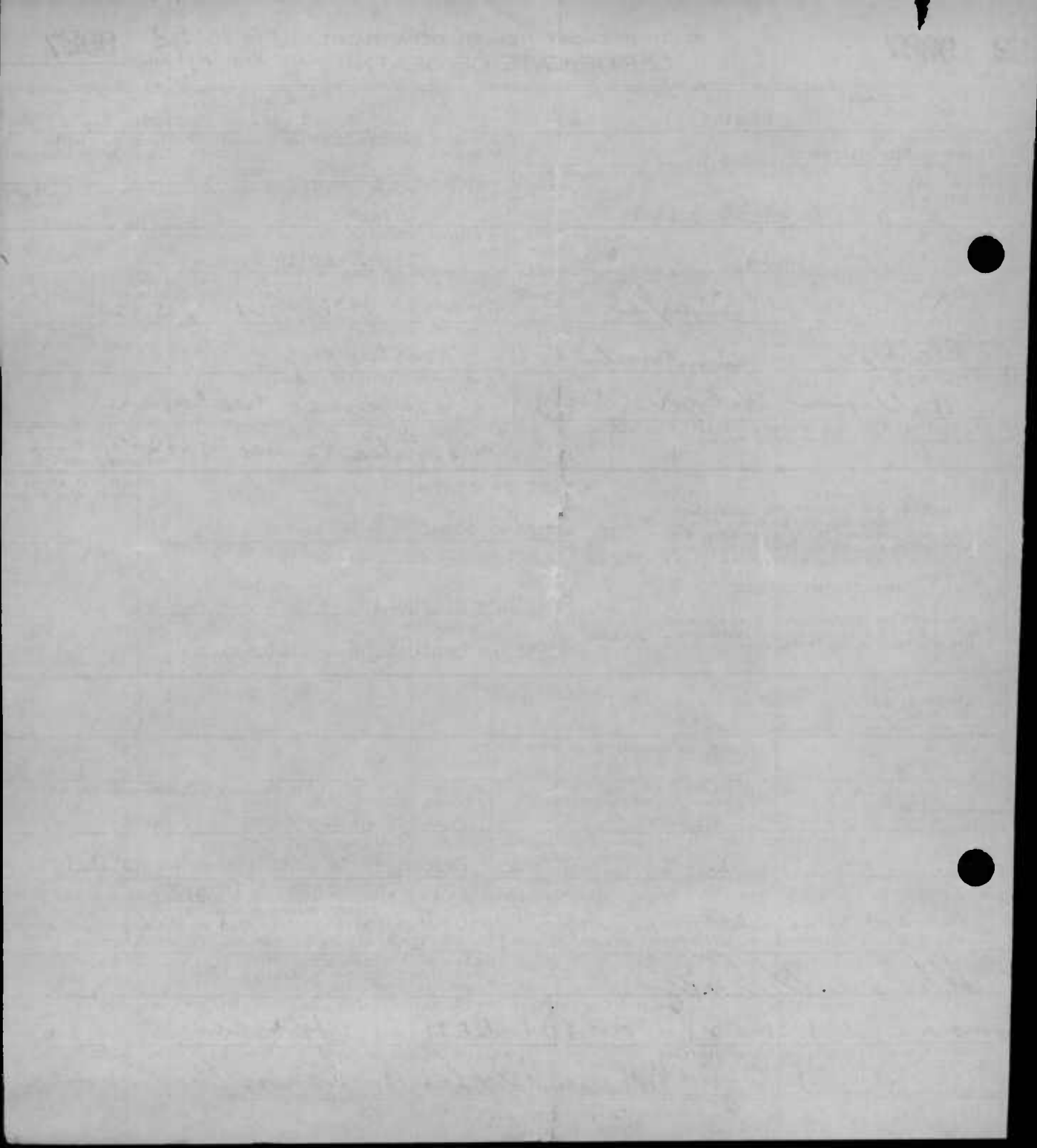


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9927
Registered No. 52 9927

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
DELMA KILGORE		October 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE B. COUNTY	
Johns Hopkins Hospital		Maryland Baltimore	
C. Length of stay in Baltimore Co.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Co.		Essex	
D. STREET ADDRESS (If rural, give location)		13 S. Marlin Avenue	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	White	Single	May 10 - 1931
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)	11. BIRTHPLACE (State or foreign country)
Clerk	Glenn Martin Co.	21	Kentucky
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?	
William Kilgore (dec.)	Josephine Belcher		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Stella Barnes	321 E. 1st St. B. E.

18. E 816.4	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Crushed chest	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Fracture of skull	
	(C) Multiple contusions and abrasions	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Highway	Pulaski Highway and Race Road 5300
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?
Oct. 30, 1952 2:00 A.M.		Passenger in auto and auto collision
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED
William V. [Signature]		Oct. 30, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
Removal	Oct. 31 - 52	HAYSI CEM.
24D. LOCATION (City, town, or county)	25. FUNERAL DIRECTOR	ADDRESS
Hayesi	Hayesi	Va.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR
OCT 31 1952	Huntington Williams, M.D.	G. Connolly
S 151	N 804.2	39A-370



200

52 9928

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9928
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CHARLES C. (SAKS) SACHS		2. DATE OF DEATH October 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 5510 Minnoka Avenue			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb. 5, 1899		9. AGE (In years last birthday) 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furrier		10B. KIND OF BUSINESS OR INDUSTRY Store		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
3. FATHER'S NAME Late Louis Sachs		12. CITIZEN OF WHAT COUNTRY?			
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 219-01-5106		17. INFORMANT ADDRESS Lottie Sachs- 5510 Minnoka Avenue	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO (A)		CAUSE OF DEATH Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio-vascular disease DUE TO (B)		Hypertensive Cardio-vascular disease		5 1/2 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF DEATH Oct 29 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 1949 to Oct 29, 1952 , that I last saw the deceased alive on Oct 25, 1952 and that death occurred at 7:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Bayan J. Siegel		23B. ADDRESS Pikesville, Md		23C. DATE SIGNED 10/30/52	
24A. NAME OF CEMETERY OR CREMATORY Greater Balto. Lodge		24B. LOCATION (City, town, or county) Baltimore, Maryland			
25. RECEIVED BY 31 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Brook & Bros. - 1124 - 26 W. North Avenue	

9529065 9921

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of ...

Page ...

Date of Death ...

Place of Death ...

Time of Death ...

Age of Deceased ...

Sex of Deceased ...

Color of Deceased ...

Height of Deceased ...

Weight of Deceased ...

Build of Deceased ...

Complexion of Deceased ...

Hair of Deceased ...

Eyes of Deceased ...

Mouth of Deceased ...

Nostrils of Deceased ...

Ears of Deceased ...

Teeth of Deceased ...

Palate of Deceased ...

Throat of Deceased ...

Trachea of Deceased ...

Lungs of Deceased ...

Heart of Deceased ...

Stomach of Deceased ...

Intestines of Deceased ...

Bladder of Deceased ...

Uterus of Deceased ...

Vagina of Deceased ...

Penis of Deceased ...

Testes of Deceased ...

Prostate of Deceased ...

Seminal Vesicle of Deceased ...

Ureter of Deceased ...

Urethra of Deceased ...

Rectum of Deceased ...

Sigmoid Colon of Deceased ...

Cecum of Deceased ...

Appendix of Deceased ...

Caecum of Deceased ...

Transverse Colon of Deceased ...

Descending Colon of Deceased ...

Sigmoid Colon of Deceased ...

Rectum of Deceased ...

Sigmoid Colon of Deceased ...

Rectum of Deceased ...

Sigmoid Colon of Deceased ...

Rectum of Deceased ...

Sigmoid Colon of Deceased ...

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Sigmoid Colon of Deceased ...

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Sigmoid Colon of Deceased ...

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Sigmoid Colon of Deceased ...

Rectum of Deceased ...

Sigmoid Colon of Deceased ...

Rectum of Deceased ...

Sigmoid Colon of Deceased ...

Rectum of Deceased ...

650

52 9929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 9929

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Barrington*
*James Brown*2. DATE
OF
DEATH*Oct-30-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widower

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

executive

10B. KIND OF BUSINESS OR INDUSTRY

1310 R.R.

3. FATHER'S NAME

Dr. Thomas R Brown

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

151X

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Hampton Court Apts

8. DATE OF BIRTH

7-5-74

9. AGE (In years last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balt. Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Harriet Barrington

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *151X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Carcinoma of the stomach*DUE TO *metastases to liver, spleen, & peritoneum**UNKNOWN*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)*NONE*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/21/52

19B. MAJOR FINDINGS OF OPERATION

metastatic carcinoma of the stomach

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-10*, 19*52*, to *10-30*, 19*52*, that I last saw the deceased alive on *10-30*, 19*52* and that death occurred at *12:05* P. M., from the causes and on the date stated above.

23A. SIGNATURE

John H. Leggin Jr. M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/30/52

A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Nov 1 1952

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Balto., Md

(State)

TE RECEIVED BY

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. H. Jenkins

ADDRESS

Room 6 4905 York Rd

OCT 31 1952

VS 150

520009922

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

389

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

FINAL CAUSE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

410
115
52 9930BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9930
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Carrie J (Wolfe) Melvin</i>			2. DATE OF DEATH <i>Oct 30th 1952</i>		
3. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>9-03</i>		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>104 E 37th St</i>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
7. Length of stay in Baltimore <i>85 ?</i>			8. STREET ADDRESS (If rural, give location) <i>104 E 37th St</i>		
9. SEX <i>F</i>	10. COLOR OR RACE <i>W</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	12. DATE OF BIRTH <i>6/6/1861</i>	13. AGE (In years last birthday) <i>91</i>	14. If Under 1 Year Months Days Hours Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			16. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		
17. FATHER'S NAME <i>William H. Biddle</i>			18. MOTHER'S MAIDEN NAME <i>Rebecca Williams</i>		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service) <i>No</i>			20. SOCIAL SECURITY NO. <i>5. Melvin Readmond 704 Murdock Rd</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (A) <i>CORONARY OCCLUSION -</i>				<i>3 days</i>	
ANTECEDENT CAUSES					
DUE TO (B) <i>Arteriosclerosis</i>				<i>years.</i>	
DUE TO (C) <i>Sensibility -</i>					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <i>10-29, 1952</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-27, 1952</i> to <i>10-30, 1952</i> that I last saw the deceased alive on <i>10-29, 1952</i> and that death occurred at <i>6:50 A. M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Anthony F. Carver</i>		23B. ADDRESS <i>5217 YORK Rd</i>		23C. DATE SIGNED <i>10/30/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>	
24D. LOCATION (City, town, or county) <i>Balto Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 31 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
24G. FUNERAL DIRECTOR <i>W. H. Williams</i>		24H. ADDRESS <i>444 York Rd</i>			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

CAUSE OF DEATH

DISEASE OR CONDITION

INTERPRETER

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

Dr. Carozza
5217 York Rd.

335
52 9931BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9931
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY STEEDMAN

2. DATE
OF
DEATH

10/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

A.A.C.O.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pasadena -

D. STREET ADDRESS (If rural, give location)

Lakeshore

5200

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE ~~MARRIED~~
WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

unknown.

10B. KIND OF BUSINESS OR INDUSTRY

unknown.

8. DATE OF BIRTH

Aug 21, 1889

9. AGE (In years last birthday)

63

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Steedman.

14. MOTHER'S MAIDEN NAME

Lena Weber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

unknown.

16. SOCIAL SECURITY NO.

216-05-8918

17. INFORMANT

ADDRESS

Mrs. Mary Steedman - PASADENA

18. 420.0 and 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic heart disease

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of lung.

19A. DATE OF OPERATION

10/29/52

19B. MAJOR FINDINGS OF OPERATION

None. could not tolerate anetheria

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/22, 1952 to 10/30, 1952, that I last saw the deceased alive on 10/30, 1952 and that death occurred at 12:20 pm., from the causes and on the date stated above.

23A. SIGNATURE

R. H. Twining

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

10/31/52

24. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/3/52

24C. NAME OF CEMETERY OR CREMATORY

Dread Ridge

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

25. RECEIVED BY

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Ruck

ADDRESS

5305 Harford Rd

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62-5
52 9932BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9932

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CAROLE H. PERKINS

2. DATE
OF
DEATH

Oct. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1527 Argonne Drive

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

9-02

D. STREET ADDRESS (If rural, give location)

1527 Argonne Drive

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

July 16, 1898

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

PHARMACEUTICAL

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Carole C. Perkins

14. MOTHER'S MAIDEN NAME

Ida Camp

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

217-07-2737

17. INFORMANT

ADDRESS

Mrs. Edith Perkins, 1527 Argonne Dr

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of the ascending colon

13 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Diverticulitis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis cardio-vascular disease 5 years

19A. DATE OF OPERATION

21 December, 1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of ascending colon

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 November, 1951, to 30 October, 1952, that I last saw the deceased alive on 29 Oct., 1952, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Douglas Lockard

23B. ADDRESS

M. D.

802 Cathedral St.

23C. DATE SIGNED

31 Oct., 1952

A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

11/1/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

OCT 31 1952

4906P

WASHINGTON CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

File No.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

D. Lockard
Federal St.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9933
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EDWARD GUIDICE

2. DATE OF DEATH Oct. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 221 N. Collington Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 6-03

D. STREET ADDRESS (If rural, give location)
221 N. Collington Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 21, 1869

9. AGE (In years last birthday)

83

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist-retired

10B. KIND OF BUSINESS OR INDUSTRY

Shipyard

11. BIRTHPLACE (State or foreign country)

Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

? Guidice

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Paul Guidice 2036 L. North Ave.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

INTERVAL BETWEEN ONSET AND DEATH

app. 2 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6:04, 1952, to 20:04, 1952, that I last saw the deceased alive on 11/10/52, 1952, and that death occurred at 11 P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

COPIES RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS
Ullrich Funeral Home 2008 Orleans St.

2533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

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See query reply in Document File

basic condition

CAUSE OF DEATH

11/10/11

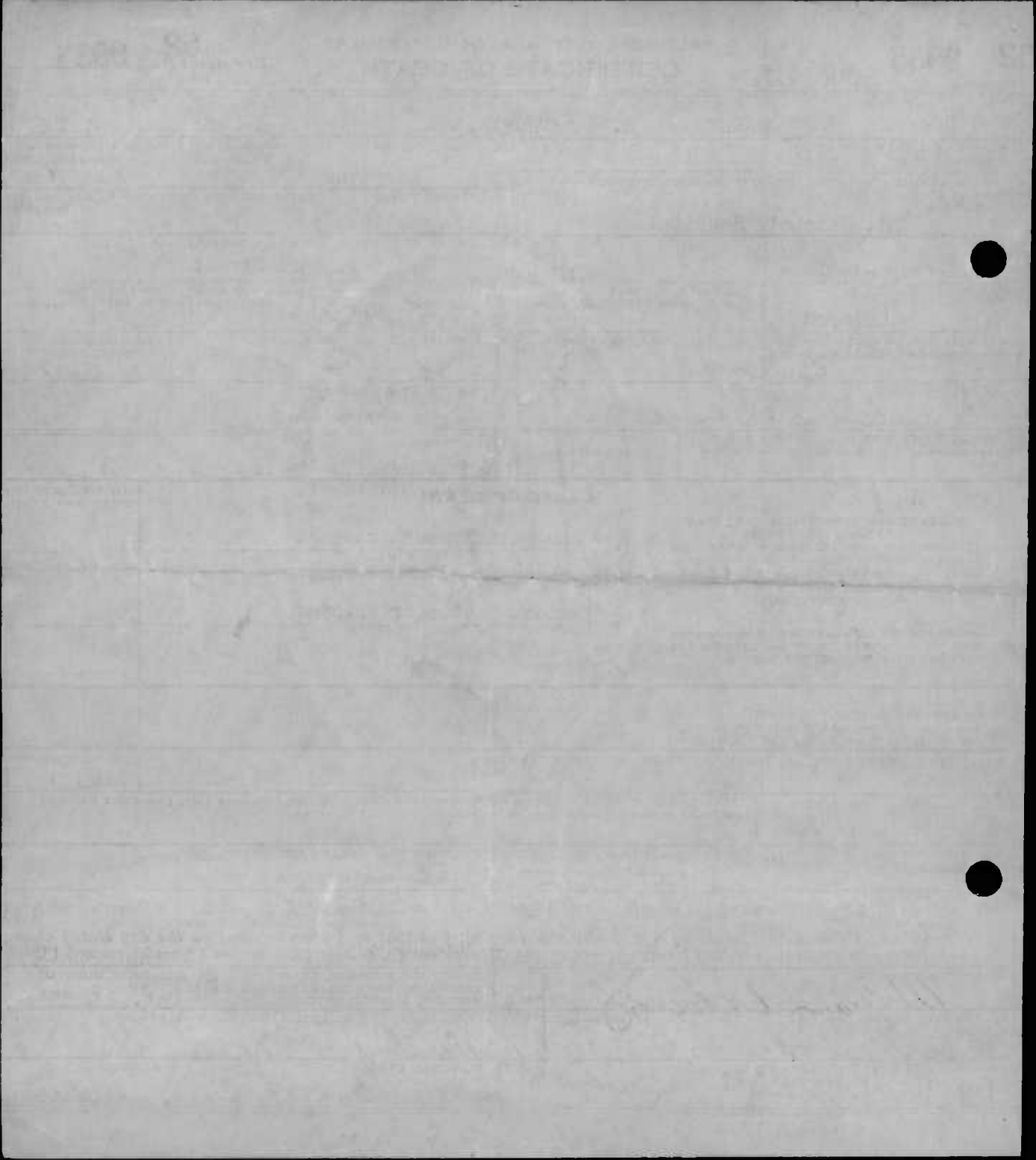
20
52 9935
BIRTH NO. 52-28142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9935

1. NAME OF DECEASED (Type or Print) CHARLES E. THOMAS, JR.		2. DATE OF DEATH October 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-06	
C. Length of stay in Baltimore 21 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1541 N. Bond Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 8, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 21
13. FATHER'S NAME Charles Thomas Sr.		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Dorothy	
17. INFORMANT Dorothy Thomas		ADDRESS 1541 N. Bond St.	
18. 754.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Congenital heart disease DUE TO ANTECEDENT CAUSES (B) Patent ductus arteriosus DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William Williams		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Oct. 29, 1952		M.D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/31/52	
24C. NAME OF CEMETERY OR CREMATORY Int. Auburn Cemetery		24D. LOCATION (City, town or county) (State) Maryland	
25. FUNERAL DIRECTOR Huntington Williams, Jr.		ADDRESS C. Halstead - 918 - Grand St. Etc.	

151



20

52 9936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9936

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

GRACE E. MINKS

2. DATE
OF
DEATH

OCT. 30, 1952

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

6028 OLD HARFORD ROAD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

27-12

D. STREET ADDRESS (If rural, give location)

5419 WILLOWMERE WAY

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JULY 22, 1873

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

FATHER'S NAME

WILLIAM FOREMAN

14. MOTHER'S MAIDEN NAME

MARY FUNK

C. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

MISS ETHEL MINKS

ADDRESS

ABOVE

18. E 903.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fractured femur

35 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

R. F. Fisher

M. D.

CHIEF OR ASST. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

10 yrs.

19A. DATE OF OPERATION

Sept 25, 1952

19B. MAJOR FINDINGS OF OPERATION

Pinning of right hip Union Memorial Hospital

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

5419 willowmere way 27/12

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

September 25, 1952 9:30 p.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped in her bed room - fell to floor

22. I hereby certify that I attended the deceased from Sept 25, 1952, to Oct. 30, 1952, that I last saw the
deceased alive on Oct 21, 1952, and that death occurred at 12 AM., from the causes and on the date stated above.

23A. SIGNATURE

A. S. Chalfant

23B. ADDRESS

6210 York Road

23C. DATE SIGNED

Oct 30, 52

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

NOV. 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

DRUID RIDGE

24D. LOCATION (City, town, or county)

PIKESVILLE

(State)

MD.

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H.W. JENKINS & SONS Co. 4905 YORK RD.

ADDRESS

VS 150

N/821.0

9520009922

DR. A.S. CHALFANT
6210 YORK ROAD

TJ 3166

JL 9296

Mu 9197

563

52 9937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9937

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY BOMHARDT

2. DATE
OF
DEATH

10/30/52

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

254 S. HIGHLAND AVE

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
Baltimore 26-10 township)

D. STREET ADDRESS (If rural, give location)

254 S. HIGHLAND AVE

Length of stay in Baltimore

LIFE

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M W M

8. DATE OF BIRTH

10/2/72

9. AGE (In years
last birthday)

80

10. Under 1 Year
Months: Days: Hours: Min.11. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

TALLYMAN RETIRED P.R.R.

12. BIRTHPLACE (State or foreign country)

BALTIMORE MD

13. CITIZEN OF
WHAT COUNTRY?

14. FATHER'S NAME

CHRISTOF BOMHARDT

15. MOTHER'S MAIDEN NAME

NOT KNOWN

16. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)17. SOCIAL
SECURITY NO.

18. INFORMANT

ADDRESS

ANNA G. BOMHARDT 254 S. HIGHLAND AVE

19. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular 5 yrs.

DUE TO

Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from May 1952, to Oct. 1952 that I last saw the
deceased alive on Oct. 29 1952 and that death occurred at 10:25 PM, from the causes and on the date stated above.

23A. SIGNATURE

Anna W. Edwards

M. D.

23B. ADDRESS

3023 Constan Ave

23C. DATE SIGNED

10/31/52

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/1/52

24C. NAME OF CEMETERY OR CREMATORY

PAWLAWN

24D. LOCATION (City, town, or county) (State)

BALTIMORE MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 31 1952

Huntington Williams, Laurence F. Hoffmann 1639 Broadway

VS 150

520009930

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

5 yrs. 6 mos. 10 days
Disease

52 10:30
52 10:30

52 9938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9938

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Agnes Harrison

2. DATE
OF
DEATH

Oct. 30 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Jenkins Memorial Hosp.

C. Length of stay in Baltimore

60

D. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

9. FATHER'S NAME

Unknown McRae

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

—

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Ind 15-02

D. STREET ADDRESS (If rural, give location)

formally of 1633 N. Monroe St

8. DATE OF BIRTH

Feb 29 - 1880

9. AGE (In years last birthday)

72

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Emmittsburg Ind

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Unknown Sergable

17. INFORMANT

ADDRESS

Mr. Wm. Love 4 S. Gilman St

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterioscl. Cardio Vasc. Disease

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Chronic Osteoarthritis -

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 1952, to 10-30, 1952, that I last saw the deceased alive on 10-30, 1952, and that death occurred at 9:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry L. Knipp

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

10-30-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Nov. 4 - 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore Ind

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. L. Beyer Jr 1512 Hollins St

VS 150

5200099 Balto. 23rd

6101

87

CERTIFICATE OF DEATH

8200

87



220

52 9939

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9939

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **LOUISE LOUISE MSIEG** 2. DATE OF DEATH **10-30-52**

3. PLACE OF DEATH: A. Baltimore City, Maryland **Balto City Md.** 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Baltimore City** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION **2207 Maisel St** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **2207 Maisel City**

D. STREET ADDRESS (If rural, give location) **25-43**

C. Length of stay in Baltimore **13 yrs** Yrs. _____ Mos. _____ Days _____

5. SEX **Female** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **2-27-1886** 9. AGE (In years last birthday) **66** 10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Home Wife** 10B. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (State or foreign country) **Germany** 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME **Koerner** 14. MOTHER'S MAIDEN NAME **Muller**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Madeline F. Bate** ADDRESS _____

18. **151X** CAUSE OF DEATH **2207 Maisel St Balto Md** INTERVAL BETWEEN ONSET AND DEATH **1 year**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Carcinoma of Stomach** DUE TO _____

ANTECEDENT CAUSES (B) _____ DUE TO _____ (C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Sept 17, 1951**, to **10-30, 1952**, that I last saw the deceased alive on **10-29, 1952**, and that death occurred at **7 A m.**, from the causes and on the date stated above.

23A. SIGNATURE **John P. Unlocks, Jr** 23B. ADDRESS **1227 Wash Blvd** 23C. DATE SIGNED **10/31/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24B. DATE **11-1-52** 24C. NAME OF CEMETERY OR CREMATORY **Green Haven Cem** 24D. LOCATION (City, town, or county) (State) **Pitcher Hgry**

25. FUNERAL DIRECTOR ADDRESS **Huntington Williams, M.D. Edward Toulson Balto 30 mch**

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

NAME AND RESIDENCE

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH OF SPOUSE

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

DATE OF BIRTH OF CHILD

31
52 9940BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9940
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

William Thomas Bradburn

2. DATE
OF
DEATH

Oct. 29 '1952

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

Length of stay in Baltimore

1 yr

Yes
Mos.
DaysSEX 6. COLOR OR RACE 7. SINGLE (MARRIED)
WIDOWED, DIVORCED (Specify)

M. white

A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10a. KIND OF BUSINESS OR INDUSTRY

Asst. Gen'l. Frgt. Agt. Railroad

FATHER'S NAME

James Bradburn

DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4108 Forest Park Ave.

8. DATE OF BIRTH

April 20 1883

9. AGE (In years last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

American

14. MOTHER'S MAIDEN NAME

Sarah Robinson

17. INFORMANT

ADDRESS Park Av

Mrs. Helen M. Lappe Bradburn-4108 Forest

18. 157x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of liver &
intestinal hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of pancreas

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 29, 1952, to Oct. 29, 1952, that I last saw the deceased alive on Oct. 29, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Hse. Jui Lin

23B. ADDRESS

M. D.

Ind. General Hospital Oct. 29 '52

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/1/52

Woodlawn Cem.

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

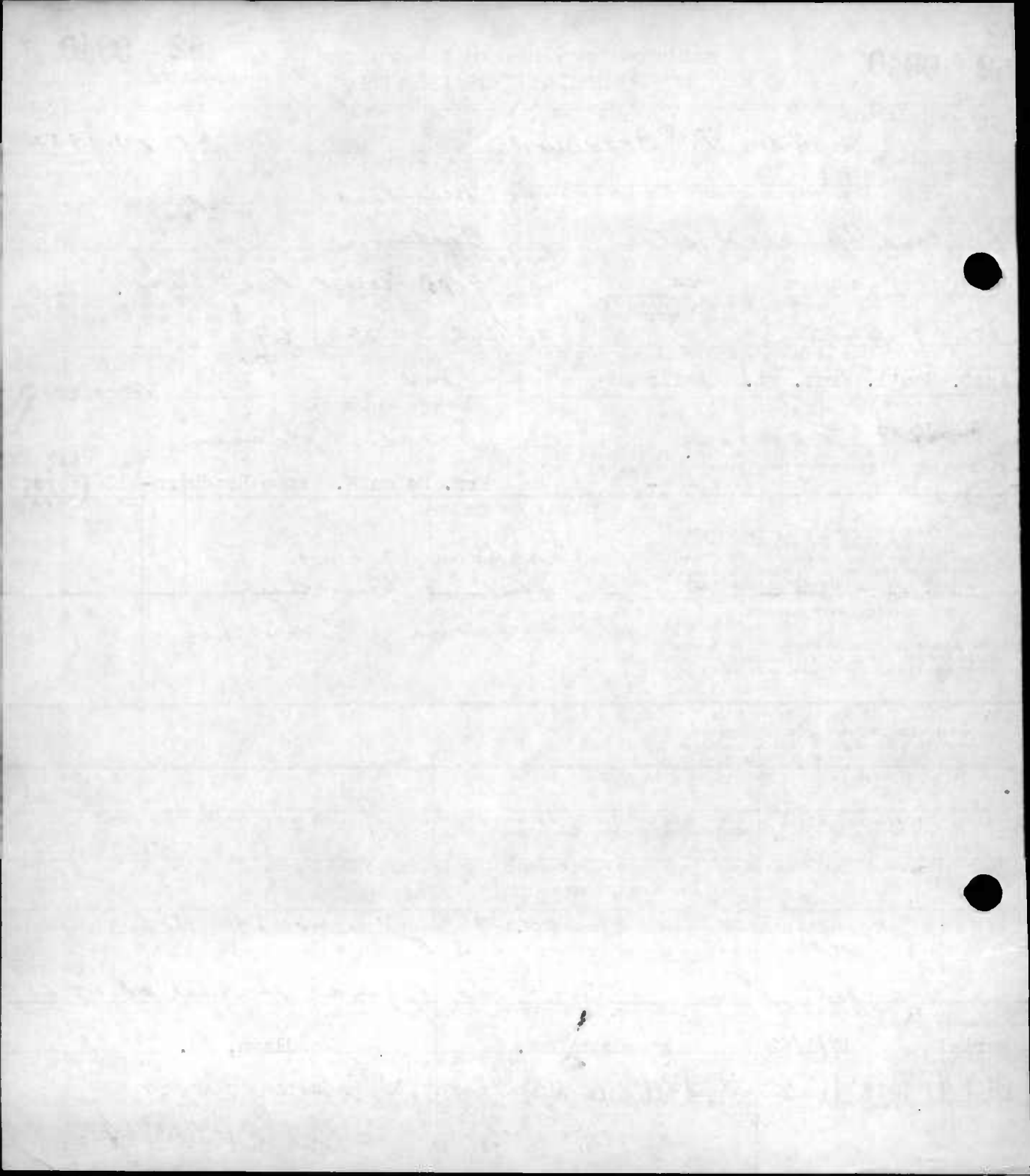
OCT 31 1952

Huntington Williams, M.D.

Wm. J. Tichner & Sons

VS 150

9 5 2900 50 9 9 3 Balto 17. Md.



00
52 9941BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9941

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANDREW B. HAY

2. DATE
OF
DEATH

October 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1412 Hollins Street

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. ? 1891

9. AGE (In years last birthday)

61

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Caretaker

10B. KIND OF BUSINESS OR INDUSTRY

Mission

13. FATHER'S NAME

Unknown

11. BIRTHPLACE (State or foreign country)

Scotland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mission Records - 1412 Hollins St.

18. 161X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the larynx

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....

Oct. 30, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/1/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 31 1952

Huntington Williams, M.D.

Rm. J. Tucker & Sons

[Faint handwritten notes at the bottom of the page]

25
9942

52 9942

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ETTA HAMMOND WILKINSON		Oct. 28, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) A. STATE Md. B. COUNTY _____	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) OSPITAL OR INSTITUTION 916 Wilmot Court		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 916 Wilmot Court	
7. SEX female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH Feb. 22, 1880
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. AGE (In years last birthday) 72	
13. FATHER'S NAME William Browne Hammond		14. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) -		16. CITIZEN OF WHAT COUNTRY? Maryland	
17. SOCIAL SECURITY NO. none		18. MOTHER'S MAIDEN NAME Aldridge	
19. INFORMANT Mr. Harry R. Wilkinson		20. ADDRESS 916 Wilmot Court	
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Carcinoma, Sigmoid, with Abdominal Metastases		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY	28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	29. HOW DID INJURY OCCUR?	
30. I hereby certify that I attended the deceased from Oct. 5, 1952, to Oct. 26, 1952, that I last saw the deceased alive on Oct. 26, 1952, and that death occurred at 20. m., from the causes and on the date stated above.			
31. SIGNATURE Wm. H. Kammer		32. ADDRESS 5015 Linden Ave.	
33. DATE SIGNED 10/30/52			
34. BURIAL, CREMATION, REMOVAL (Specify) Burial	35. DATE 10/31/52	36. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	37. LOCATION (City, town, or county) (State) Woodlawn, Md.
38. RECEIVED BY LOCAL REGISTRAR OCT 31 1952	39. REGISTRAR'S SIGNATURE Huntington Williams	40. FUNERAL DIRECTOR Chas. J. Pickner & Sons	41. ADDRESS Baths 17, Md.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WYOMING

SECTION 16, T.1N, R.1E, S.12E

WYOMING

SECTION 16, T.1N, R.1E, S.12E

WYOMING

WYOMING

WYOMING

WYOMING

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WYOMING

WYOMING

WYOMING

WYOMING

350
52 9943BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9943

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel A. Pedone

2. DATE
OF
DEATH

Oct. 29, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland Balto. Md.

4. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

408 C Athol Ave (29)

5. Length of stay in Baltimore

50 Yrs

Yrs.
Mos.
Days

6. COLOR OR RACE

Male

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7-28-1901

9. AGE (In years
and birthday)

51 Yrs.

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10. A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Phillip Pedone

14. MOTHER'S MAIDEN NAME

Rosa Chairmounte

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No None

16. SOCIAL
SECURITY NO.

215-03-2098

17. INFORMANT

ADDRESS

Mrs. Pauline A. Pedone-408 C Athol Avenue

18. 593x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Uremia*DUE TO *Malignant Hypertension*
Pericarditis

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1952, to 10-29, 1952, that I last saw the
deceased alive on 10-29, 1952, and that death occurred at 8:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

George Allen

M. D.

23B. ADDRESS

St Agnes Hospital

23C. DATE SIGNED

10-29-52

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-3-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

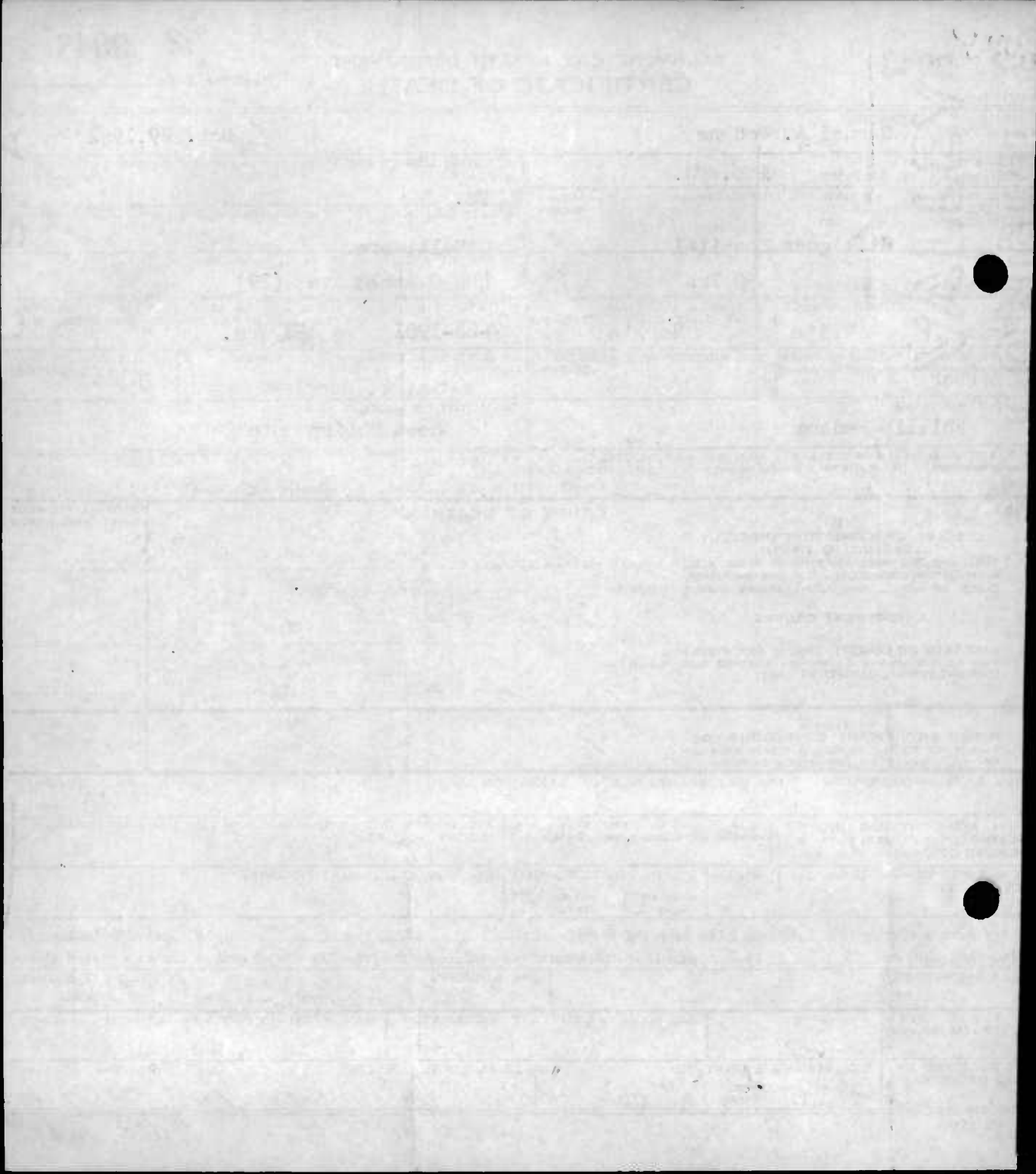
ADDRESS

Wm. J. Ticker & Sons - North & Penna Ave

VS 150

957488F 9936

Balto., Md.



25
52 9944
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9944

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
HOWARD E. BRACKENS		Oct. 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
		A. STATE Maryland B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
St. Joseph's Hospital		Baltimore	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
		710 E. Preston Street	
7. SEX	8. COLOR OR RACE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH
male	white	married	May 13, 1915
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday)	
Salesman		37	
13. FATHER'S NAME		14. BIRTHPLACE (State or foreign country)	
William J. Brackens		Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY?	
no		17. MOTHER'S MAIDEN NAME	
		Rosa L. Hurt	
18. SOCIAL SECURITY NO.		19. INFORMANT	
		Mrs. Pauline V. Brackens-710 E. Preston St	

18. 490X and 322.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) Lobar pneumonia DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
Chronic alcoholism		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>P. S. Fisher</i>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/>	23C. DATE SIGNED Oct. 29, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/1/52	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
25A. RECEIVED BY LOCAL REGISTRAR OCT 31 1952	25B. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25C. FUNERAL DIRECTOR <i>Wm. J. Ticker & Sons</i>	25D. ADDRESS Balto., Md.

21. m. J. Victoria v. 2. m.
10. 11. 19. 19. 19.

See query reply in Document file

No reply by 4/1/53
Es

MF

640
2 9946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 9946
Registered No.

BIRTH NO.

MLB. 163930

1. NAME OF DECEASED
(Type or Print)

Lonnie C. Terrell

2. DATE
OF
DEATH

10-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE
Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1723 W. Lexington St

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

B. DATE OF BIRTH

Mar. 15 1869

9. AGE (In years
last birthday)

83 yrs

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.Records, Baltimore City Hospitals
4940 Eastern Ave

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pneumonia

DUE TO

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral Vascular Accident

DUE TO

2 weeks

(C) Uremia, Generalized Arteriosclerosis

1 week

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 10-9, 1952, to 10-27, 1952 that I last saw the
deceased alive on 10-27, 1952, and that death occurred at 8:45 A.M. from the causes and on the date stated above.

23A. SIGNATURE

John Doe

M. D.

23B. ADDRESS

4940 Eastern Ave Balto. Md.

23C. DATE SIGNED

10-29-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/1/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary et

24D. LOCATION (City, town, or county)

A. A. Co., Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

ADDRESS

Isaiah L. Brown & Son

OCT 31 1952

VS 150

952000 / 1980 Montgomery St

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of jury		12. Signature of witnesses	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

263
52 9947

CERTIFICATE CORRECTED 11/13/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9947

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THOMAS Lockhart		2. DATE OF DEATH 10/29/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 622 N. Fremont Ave B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hosp.		C. CITY OR TOWN (If outside corporate limits, write full name of city, town, or village, and give township) Baltimore 16-01	
D. STREET ADDRESS (If rural, give location) 622 N. Fremont Ave		E. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH
9. AGE (in years last birthday) 52		10. CITIZEN OF WHAT COUNTRY?	
11. BIRTHPLACE (State or foreign country) Alabama		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Lockhart		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Jeannette Johnson		ADDRESS 2429 W. Mosher St	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Miliary Tuberculosis of lungs		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Miliary Tuberculosis of lungs DUE TO (B) DUE TO (C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **10/1/1952** to **10/29/1952**, that I last saw the deceased alive on **10/29/1952**, and that death occurred at **2:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Michael J. Foley		23B. ADDRESS Univ. Hosp.		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov 2. 52	24C. NAME OF CEMETERY OR CREMATORY Cent Auburn Cemt	24D. LOCATION (City, town, or county) (State) Baltimore	
25. FUNERAL DIRECTOR Isaiah L. Brown		ADDRESS 108 W. Monty St		

RECEIVED BY
REGISTRAR
OCT 31 1952

345
2 9948BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9948
Registered No.

1. NAME OF DECEASED (Type or Print) Stallings, Catherine Viola			2. DATE OF DEATH October 30, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 1-04		
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #24		
6. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 2717 Fait Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 31 - 1903		9. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME John Mabus		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		
16. SOCIAL SECURITY NO.			17. INFORMANT Edward L. Stallings		
18. ADDRESS 3717 Fait Ave			19. ADDRESS		

18. 592x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		(B) DUE TO		(C) DUE TO	
ANTECEDENT CAUSES		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19a. DATE OF OPERATION 7		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from September 29, 1952 to October 30, 1952 that I last saw the deceased alive on Oct. 30, 1952 and that death occurred at 11:05 am. , from the causes and on the date stated above.					
23a. SIGNATURE C. P. Loffay Jr.		23b. ADDRESS 1100 N. Caroline Street		23c. DATE SIGNED Oct. 30, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 30, 52		24c. NAME OF CEMETERY OR CREMATORY Lt. General	
24d. LOCATION (City, town, or county) Balto - Md		24e. NAME OF CEMETERY OR CREMATORY Lt. General		24f. LOCATION (City, town, or county) Balto - Md	
DATE RECEIVED BY LOCAL REGISTRAR OCT 31 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John A. Moran	
VS 150		ADDRESS 3000 Balto St.			

9520009941

630
52 9949
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9949
Registered No.

1. NAME OF DECEASED (Type or Print) Florence M. Marriott		2. DATE OF DEATH Oct. 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION 2102 Allendale Road		6. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore	
7. Length of stay in Baltimore 78- Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) 2102 Allendale Road	
9. SEX Female	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	12. DATE OF BIRTH Apr. 15, 1874
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept. Executive		14. AGE (in years last birthday) 78	
15. JOB, KIND OF BUSINESS OR INDUSTRY New Amsterdam Casualty Co.		16. BIRTHPLACE (State or foreign country) Md.	
17. CITIZEN OF WHAT COUNTRY?		18. MOTHER'S MAIDEN NAME Sarah E. Wardell	
19. FATHER'S NAME James H. Marriott		20. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no	
21. SOCIAL SECURITY NO. 212-07-0612		22. INFORMANT Helen M. Marriott 2102 Allendale Rd.	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Myocardial infarction DUE TO (B) Coronary arteriosclerosis DUE TO (C) General arteriosclerosis		24. INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 5 yrs. 20 yrs.	
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
27. DATE OF OPERATION none		28. MAJOR FINDINGS OF OPERATION	
29. DATE OF OPERATION none		30. MAJOR FINDINGS OF OPERATION	
31. DATE OF OPERATION none		32. MAJOR FINDINGS OF OPERATION	
33. DATE OF OPERATION none		34. MAJOR FINDINGS OF OPERATION	
35. DATE OF OPERATION none		36. MAJOR FINDINGS OF OPERATION	
37. DATE OF OPERATION none		38. MAJOR FINDINGS OF OPERATION	
39. DATE OF OPERATION none		40. MAJOR FINDINGS OF OPERATION	
41. DATE OF OPERATION none		42. MAJOR FINDINGS OF OPERATION	
43. DATE OF OPERATION none		44. MAJOR FINDINGS OF OPERATION	
45. DATE OF OPERATION none		46. MAJOR FINDINGS OF OPERATION	
47. DATE OF OPERATION none		48. MAJOR FINDINGS OF OPERATION	
49. DATE OF OPERATION none		50. MAJOR FINDINGS OF OPERATION	
51. DATE OF OPERATION none		52. MAJOR FINDINGS OF OPERATION	
53. DATE OF OPERATION none		54. MAJOR FINDINGS OF OPERATION	
55. DATE OF OPERATION none		56. MAJOR FINDINGS OF OPERATION	
57. DATE OF OPERATION none		58. MAJOR FINDINGS OF OPERATION	
59. DATE OF OPERATION none		60. MAJOR FINDINGS OF OPERATION	
61. DATE OF OPERATION none		62. MAJOR FINDINGS OF OPERATION	
63. DATE OF OPERATION none		64. MAJOR FINDINGS OF OPERATION	
65. DATE OF OPERATION none		66. MAJOR FINDINGS OF OPERATION	
67. DATE OF OPERATION none		68. MAJOR FINDINGS OF OPERATION	
69. DATE OF OPERATION none		70. MAJOR FINDINGS OF OPERATION	
71. DATE OF OPERATION none		72. MAJOR FINDINGS OF OPERATION	
73. DATE OF OPERATION none		74. MAJOR FINDINGS OF OPERATION	
75. DATE OF OPERATION none		76. MAJOR FINDINGS OF OPERATION	
77. DATE OF OPERATION none		78. MAJOR FINDINGS OF OPERATION	
79. DATE OF OPERATION none		80. MAJOR FINDINGS OF OPERATION	
81. DATE OF OPERATION none		82. MAJOR FINDINGS OF OPERATION	
83. DATE OF OPERATION none		84. MAJOR FINDINGS OF OPERATION	
85. DATE OF OPERATION none		86. MAJOR FINDINGS OF OPERATION	
87. DATE OF OPERATION none		88. MAJOR FINDINGS OF OPERATION	
89. DATE OF OPERATION none		90. MAJOR FINDINGS OF OPERATION	
91. DATE OF OPERATION none		92. MAJOR FINDINGS OF OPERATION	
93. DATE OF OPERATION none		94. MAJOR FINDINGS OF OPERATION	
95. DATE OF OPERATION none		96. MAJOR FINDINGS OF OPERATION	
97. DATE OF OPERATION none		98. MAJOR FINDINGS OF OPERATION	
99. DATE OF OPERATION none		100. MAJOR FINDINGS OF OPERATION	

MEDICAL CERTIFICATE

DATE RECEIVED BY
LOCAL REGISTRAR
OCT 31 1952REGISTRAR'S SIGNATURE
Huntington Williams, M.D.25. FUNERAL DIRECTOR
ADDRESS
G. Howard Strong 3207 W. North Ave.,

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6 50
9950BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52-9950

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Lillie Brown		2. DATE OF DEATH 10-28-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 18-81			
5. FULL NAME OF HOSPITAL OR INSTITUTION Bar-Wil-Da Home 2101 W. Coldspring Lane		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 933 Bennett Place			
6. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Aug. 30, 1887	9. AGE (In years last birthday) 65	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Edward Brown			
14. MOTHER'S MAIDEN NAME Katie Dixon		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Telley - 2101 W. Coldspring Lane			
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio Vascular Renal Disease DUE TO Hypertension DUE TO Hemiplegia - Left DUE TO		INTERVAL BETWEEN ONSET AND DEATH 18 mos.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) October 25, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 5, 1951 , to October 5, 1952 , that I last saw the deceased alive on October 25, 1952 , and that death occurred at 2 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE L. C. Cullen		23B. ADDRESS M. D. 600 N. Arlington Avenue		23C. DATE SIGNED 10-28-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/1/52		24C. NAME OF CEMETERY OR CREMATORY W. F. Cullen Cem.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Huntington Williams, Mrs. Katie R. Williams / Schroeder St			

VS 150

9520209943

10-11-1918

CERTIFICATE OF DEATH

10-11-1918

10-11-1918

10-11-1918

10-11-1918

10-11-1918

10-11-1918

10-11-1918

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9951**

1. NAME OF DECEASED (Type or Print) VINCENT MAZERSKI		2. DATE OF DEATH Oct. 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2230 Fleet Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	B. DATE OF BIRTH 12-14-1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY clothing	9. AGE (In years last birthday) 70
13. FATHER'S NAME Mazerski		11. BIRTHPLACE (State or foreign country) Poland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		17. INFORMANT Michael Mazerski	
		ADDRESS 112 Edgewater Rd	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/>		23C. DATE SIGNED Oct. 31, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 4-1952	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	24D. LOCATION (City, town, or county) Balto. Co.	(State) Md.
DATE RECEIVED BY LOCAL REGISTRAR Oct 31 1952		25. FUNERAL DIRECTOR Wm. S. Fialkowski		
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 2007 Eastern ave.		



240
52 9952BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9952

BIRTH NO.		1. NAME OF DECEASED (Type or Print) DANIEL B. YEAGLE		2. DATE OF DEATH 10/29/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-06			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3443 Chestnut Ave #11			
5. SEX M	6. COLOR OR RACE W	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH Oct 5, 1872	9. AGE (In years last birthday) 80	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) plumber		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Manchester, Md.	
13. FATHER'S NAME Daniel B. Yeagle		14. MOTHER'S MAIDEN NAME Mary Baker		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown		16. SOCIAL SECURITY NO. 212-24-9175		17. INFORMANT ADDRESS Valm. Wheeler 3443 Chestnut Ave	
18. 592x and 581.1		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 week.	
ANTECEDENT CAUSES		(B) chronic nephritis & uremia		1 mo.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) 1) Laennec's cirrhosis 2) Arteriosclerotic heart dis.		years.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/27, 1952 to 10/29, 1952 , that I last saw the deceased alive on 10/29, 1952 and that death occurred at 10:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE R. A. Twining		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 10/29/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/3/52		24C. NAME OF CEMETERY OR CREMATORY Landon Park	
24D. LOCATION (City, town, or county) Fredrick Ave		24E. DATE RECEIVED BY LOCAL REGISTRAR OCT 31 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR ADDRESS Paul E. Schenck & Co 3617 Chestnut Ave					

MEDICAL CERTIFICATION

264
52 9953
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9953
Registered No.

1. NAME OF DECEASED (Type or Print) <i>William James Cockrell</i>		2. DATE OF DEATH <i>Oct. 29, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>13-03</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2339 Druid Hill Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write full name of township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>55 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>2339 Druid Hill Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept. 4, 1888</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Household builder</i>		9B. KIND OF BUSINESS OR INDUSTRY <i>Contractors</i>	9. AGE (In years last birthday) <i>64</i>
10. FATHER'S NAME <i>Shaddens Cockrell</i>		11. BIRTHPLACE (State or foreign country) <i>Pottsburg, Va.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. MOTHER'S MAIDEN NAME <i>Unknown</i>	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>es, no or unknown</i>		15. SOCIAL SECURITY NO. <i>212-09-9818</i>	
16. DECEASED		17. INFORMANT <i>Wm. J. Cockrell</i>	
18. <i>443x</i>		19. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO <i>Coronary Heart Failure</i>	
		DUE TO <i>Essential Hypertension</i>	
		DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
22. TIME (Month) (Day) (Year) (Hour) <i>Oct. 29, 1952</i>		22E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>April</i> , 1952, to <i>Oct. 29</i> , 1952, that I last saw the deceased alive on <i>Oct. 29</i> , 1952, and that death occurred at <i>12:15 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Harford P. Brunsden</i>		23B. ADDRESS <i>2309 Druid Hill Ave.</i>	
23C. DATE SIGNED <i>10-31-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 3, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Nat'l C.</i>		24D. LOCATION (City, town, or county) (State) <i>Baldy, Maryland</i>	
25. RECEIVED BY REGISTRAR <i>CT 31 1952</i>		26. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
27. FUNERAL DIRECTOR <i>W. J. Williams</i>		28. ADDRESS <i>1631 Druid Hill Ave.</i>	

85 8553

CALIFORNIA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

18 8553

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

EDUCATION

OCCUPATION

RELIGION

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY INTO STATE

DATE OF ENTRY INTO COUNTY

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO DISTRICT

DATE OF ENTRY INTO WARD

DATE OF ENTRY INTO BLOCK

DATE OF ENTRY INTO HOUSE

DATE OF ENTRY INTO ROOM

DATE OF ENTRY INTO BED

DATE OF ENTRY INTO COffin

DATE OF ENTRY INTO GRAVE

DATE OF ENTRY INTO TOMB

DATE OF ENTRY INTO CHURCH

DATE OF ENTRY INTO SYNAGOGUE

DATE OF ENTRY INTO MOSQUE

DATE OF ENTRY INTO TEMPLE

100

10

b

2

653
52 9954BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9954

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Trennt

2. DATE
OF DEATH October 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3028 W. Presstman Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

13. FATHER'S NAME

August Kroeger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Sept. 14, 1864

9. AGE (In years last birthday)

88

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

Minnie Ward, 3028 W. Presstman Street

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A) Arterio-sclerotic heart dis. with coronary artery atherosclerosis, myocardial degeneration & insufficiency and congestive failure. (B) (C) Generalized arterio-sclerosis. (Interval: 10 years)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Oct. 30, 1952, that I last saw the deceased alive on Oct 30, 1952, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 31 1952

Huntington Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street

CERTIFICATE OF DEATH

Name of Deceased		Sex		Age		Date of Death	
Place of Birth		Usual Residence		Cause of Death		Manner of Death	
Occupation		Education		Medical History		Physician's Signature	
Burial Place		Burial Date		Burial Time		Burial Location	
Registrar's Signature		Registrar's Title		Registrar's Office		Registrar's Date	
Witness's Signature		Witness's Title		Witness's Office		Witness's Date	
Coroner's Signature		Coroner's Title		Coroner's Office		Coroner's Date	
Medical Examiner's Signature		Medical Examiner's Title		Medical Examiner's Office		Medical Examiner's Date	
Police Officer's Signature		Police Officer's Title		Police Officer's Office		Police Officer's Date	
Mortician's Signature		Mortician's Title		Mortician's Office		Mortician's Date	
Funeral Home's Signature		Funeral Home's Title		Funeral Home's Office		Funeral Home's Date	
Cemetery's Signature		Cemetery's Title		Cemetery's Office		Cemetery's Date	
Burial Society's Signature		Burial Society's Title		Burial Society's Office		Burial Society's Date	
Other's Signature		Other's Title		Other's Office		Other's Date	

650
VMC-163258
2 9955
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9955
Registered No.

1. NAME OF DECEASED (Type or Print) Julia Jerome			2. DATE OF DEATH 10-31-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
5. SEX F			6. COLOR OR RACE W		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH March 18, 1883		
9. AGE (In years last birthday) 69			10. UNDER 1 Year Months: Days		
11. UNDER 24 Hours Hours: Min.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT ADDRESS Records: B. C. H., 4940 Eastern Ave.					

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic heart disease DUE TO (A) Arteriosclerotic heart disease (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH ?
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 10-18-52 10-23-52		19B. MAJOR FINDINGS OF OPERATION Laforte Laforte		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-18- , 1952 , to 10-31- , 1952 , that I last saw the deceased alive on 10-31- , 1952 , and that death occurred at 10:55A m., from the causes and on the date stated above.					
23A. SIGNATURE H. C. John Doe		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 10-31-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 4/52		24C. NAME OF CEMETERY OR CREMATORY St Stanislaus Cemetery	
24D. LOCATION (City, town, or county) (State) Dundalk Ave Balto Md		25. FUNERAL DIRECTOR John J. Duda Inc		ADDRESS 2829 Hudson St	

BRITISH AIR FORCE
CERTIFICATE OF DEATH

Form 1000
1944

1. NAME (Full Name)		2. SERVICE NUMBER	
3. GRADE OR RANK		4. BRANCH	
5. DATE OF BIRTH		6. PLACE OF BIRTH	
7. DATE OF DEATH		8. PLACE OF DEATH	
9. CAUSE OF DEATH		10. MEDICAL OFFICER'S SIGNATURE	
11. WITNESSES' SIGNATURES		12. COMMANDING OFFICER'S SIGNATURE	
13. REMARKS		14. SIGNATURE OF THE PERSON PREPARING THE CERTIFICATE	

514
2 9956

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9956
Registered No.

1. NAME OF DECEASED (Type or Print) GERHARDT HEINEFIELD		2. DATE OF DEATH Oct. 31, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 28-02	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4413 Norwood Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5513 Norwood Ave.	
7. SEX male	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	10. DATE OF BIRTH Apr. 14, 1856
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	12. KIND OF BUSINESS OR INDUSTRY owner farm	13. AGE (In years last birthday) 96	14. BIRTHPLACE (State or foreign country) Germany
15. FATHER'S NAME Herman Heinefield		16. MOTHER'S MAIDEN NAME Elizabeth Veenholt	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) -		18. SOCIAL SECURITY NO.	
19. INFORMANT Mrs. Marie Jones - 5513 Norwood Ave.		ADDRESS	
19. 331X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vase Accident DUE TO (A) (B) Generalized Arteriosclerosis DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 10-30	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-30 , 19 52 to 10-31 , 19 52 that I last saw the deceased alive on 10-31 , 19 52 , and that death occurred at 3 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE Thos T. Abbott		23B. ADDRESS 4509 Liberty Heights	23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 11/3/52	24C. NAME OF CEMETERY OR CREMATORY Wesley Chapel	24D. LOCATION (City, town, or county) (State) Rock Hall, Md.
25A. RECEIVED BY 31 1952	25B. REGISTRAR'S SIGNATURE Huntington W...	25C. FUNERAL DIRECTOR'S ADDRESS Wm. J. Pickens & Sons	
VS 150 052037991 Balto 17, Md.			

100

CERTIFICATE OF DEATH

100

100



-420
52 9957
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9957
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Catherine E. Miles</i>			2. DATE OF DEATH <i>10/30/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Siam Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>3614 W. Harrison Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>Wh</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>10/30/1904</i>		9. AGE (In years last birthday) <i>48</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>American Stores</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Herbert Sullivan</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs. James J. Buxton - 4741 Wrenwood Ave.</i>			ADDRESS		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>ACUTE Pulmonary Edema</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>CONGESTIVE Failure</i> <i>Hypertensive Cardio-vascular Disease</i>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/28</i> , 1952, to <i>10/30</i> , 1952, that I last saw the deceased alive on <i>10/30</i> , 1952, and that death occurred at <i>9:40 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Jack Fine</i>		23B. ADDRESS M. D. <i>3614 W. Harrison Ave</i>		23C. DATE SIGNED <i>10/30/52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/3/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Pikesville, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 31 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>J. Pickner & Sons</i>		ADDRESS	

53908A 0 9 9 560 17, Md.

100-33

CERTIFICATE OF DEATH

100-33

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth		6. Date of death		7. Place of death		8. Cause of death		9. Manner of death		10. Signature of physician		11. Signature of registrar		12. Signature of informant	
						</																	

300
52 9958BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9958

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Heath, Francis Rancy</i>		2. DATE OF DEATH <i>31 Oct 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ohio</i> B. COUNTY <i>V-32</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>USPHS Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Cincinnati</i>			
C. Length of stay in Baltimore <i>21 days</i>		D. STREET ADDRESS (If rural, give location) <i>1751 Brewster Ave</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Div</i>	8. DATE OF BIRTH <i>15 Feb 1899</i>	9. AGE (in years last birthday) <i>53</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seaman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Same</i>		11. BIRTHPLACE (State or foreign country) <i>Kentucky</i>	
13. FATHER'S NAME <i>John N. Heath</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Not known</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Hospital Records</i> ADDRESS	
18. <i>163x</i>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Carcinoma, right lung</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Testa B. Nagy</i>		23B. ADDRESS <i>USPHS Hosp. 721</i>		23C. DATE SIGNED <i>19 Nov 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>removed</i>		24B. DATE <i>11/1/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Gurnside</i>	
24D. LOCATION (City, town, or county) <i>Gurnside Ky</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>1217 St Paul St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 1 - 1952</i>		VS 150 <i>5 673 55 9 9 5 1</i>			

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

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52 9959

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9959

Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. LOUISE MARIE HAGEDORN		2. DATE OF DEATH Oct. 31, 1952.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pikeville, Maryland.	
C. Length of stay in Baltimore 68		D. STREET ADDRESS (If rural, give location) 215 Brightside Ave. 5300	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 16, 1871
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		9B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 80
3. FATHER'S NAME Mr. Graeson		11. BIRTHPLACE (State or foreign country) Germany.	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO. No		14. MOTHER'S MAIDEN NAME Louise Group.	
17. INFORMANT Carl Hagedorn		ADDRESS 215 Brightside Ave.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) arteriosclerotic cardiovascular disease with acute congestive failure.	CAUSE OF DEATH arteriosclerotic cardiovascular disease with acute congestive failure.	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pneumonia	(B) DUE TO (C)	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 7**, 19**52**, to **Oct 31**, 19**52**, that I last saw the deceased alive on **Oct 31**, 19**52**, and that death occurred at **12:20 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE James B. Brooks	23B. ADDRESS Union Memorial Hospital	23C. DATE SIGNED 10-31-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 3, 1952	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
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25. FUNERAL RECEIVED BY Nov 1 - 1952	25. FUNERAL DIRECTOR William H. Williams, M.D.	ADDRESS 4510 Liberty Heights Ave.
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9960
Registered No.

1. NAME OF DECEASED (Type or Print) RUFUS EL SWORTH PURDUM			2. DATE OF DEATH October 28 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 208 Furrow Street			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) BALTIMORE		
6. Length of stay in Baltimore 39 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 208 Furrow Street		
6. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 4, 1870	9. AGE (In years last birthday) 82	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARDENER			10B. KIND OF BUSINESS OR INDUSTRY GARDENING		11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME ?		
14. MOTHER'S MAIDEN NAME ?			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS MRS HILDA PURDUM 208 Furrow ST		

18. 422.2 and 177x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Auricular Fibrillation DUE TO (B) Chronic Myocarditis AND DUE TO MYOCARDIAL Degeneration (C) CANCER OF PROSTATE GLAND	INTERVAL BETWEEN ONSET AND DEATH 4 years 4 years 2 1/2 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION April 1950	19B. MAJOR FINDINGS OF OPERATION ENLARGED PROSTATE WITH CANCER	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) ?	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JANUARY 1, 1948** to **October 28, 1952** that I last saw the deceased alive on **Oct 28, 1952**, and that death occurred at **4:10 P m.**, from the causes and on the date stated above.

23A. SIGNATURE Melvin N. Borden	23B. ADDRESS 5000 Old Frederick Road	23C. DATE SIGNED 10/28/52
24A. BURIAL, CREMATION, REMOVAL (Specify) buried	24B. DATE 11/1/52	24C. NAME OF CEMETERY OR CREMATORY Linden Park
24D. LOCATION (City, town, or county) (State) Baltimore Md	25. FUNERAL DIRECTOR Huntington Williams	ADDRESS Supporter's Union

VS 150
NOV 1 - 1952

520009953

REPORT FOR HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	

[Faint, illegible text at the bottom of the page, possibly a signature or additional notes.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9961**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Louise Richardson Brown			2. DATE OF DEATH Oct. 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2633 Huron Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-33		
C. Length of stay in Baltimore 17 Yrs.			D. STREET ADDRESS (If rural, give location) 2633 Huron Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 17 1906		9. AGE (In years last birthday) 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY At Home		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jake Richardson			14. MOTHER'S MAIDEN NAME Leh Richerson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT James Brown			ADDRESS 2633 Huron Street		

18. 422.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1 yr
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B)		
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/28 , 19 52 to 10/30 , 19 52 , that I last saw the deceased alive on 10/24 , 19 52 , and that death occurred at 10.05 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 450 W. Biddle St		23C. DATE SIGNED 10/31/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/1/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Arburn Cem.	
				24D. LOCATION (City, town, or county) (State) Baltimore	

DATE RECEIVED BY LOCAL REGISTRAR OV 1-1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR Choy O. Willey 1000 Buntz Ave	
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655
52 9962BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9962
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Bernice Morning</i>		2. DATE OF DEATH <i>Oct-26-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Ost 4</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>5-02</i>	
6. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>303 Forrest St</i>	
7. SEX <i>female</i>	8. COLOR OR RACE <i>Colored</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH <i>3-8-22</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		12. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	
13. FATHER'S NAME <i>William Johnson</i>		14. MOTHER'S MAIDEN NAME <i>Lillian Holmes</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war & dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>401-1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Acute Bacterial Endocarditis</i> <i>(Staphylococcal)</i> DUE TO (B) <i>Rheumatic Heart Disease -</i> <i>mitral & aortic disease</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>3 wk</i> <i>19 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9/29*, 1952 to *10-28*, 1952, that I last saw the deceased alive on *10-28*, 1952, and that death occurred at *2:15* p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Thomas R. Pennington</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>10/28/52</i>
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24A. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-1-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>mt calvary cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Brooklyn md</i>
25. DATE RECEIVED BY LOCAL REGISTRAR <i>11-1-1952</i>	26. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	27. FUNERAL DIRECTOR <i>Clay Wilson</i>	28. ADDRESS <i>1000 Brandywine</i>

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9963**

1. NAME OF DECEASED (Type or Print) WILLIAM PRENTISS		2. DATE OF DEATH Oct. 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 22-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
C. Length of stay in Baltimore 14 Yrs. Yrs. 14 Mos. 0 Days 0		D. STREET ADDRESS (If rural, give location) 614 W. Conway Street	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 9th. 1920
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Helper		10B. KIND OF BUSINESS OR INDUSTRY Produce	9. AGE (In years last birthday) 32
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		17. INFORMANT Edna Prentiss 614 W. Conway St	

18. E 812.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of pelvis (A) DUE TO Rupture of bladder (B) DUE TO Retroperitoneal hemorrhage (C)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION Nov. 1, 1952		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Charles and Camden Sts.		22/1
21D. TIME (Month) (Day) (Year) (Hour) Oct. 28, 1952 2:45 P. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Struck by trailer truck (pedestrian)		

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. J. Fisher	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/> M.D.	23C. DATE SIGNED Oct. 29, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 1, 1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.
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DATE RECEIVED BY LOCAL REGISTRAR Nov 1 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	FUNERAL DIRECTOR Elroy Wilson 1000 Beauty Ave	ADDRESS
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S 151 **N 808.2** **9206A 09050**

1000

50

STATE OF TEXAS
COUNTY OF DALLAS

1900

[Faint, mostly illegible text, likely a legal document or record. The text is mirrored across the page, suggesting it is a scan of a document with bleed-through or a double-sided page. Discernible words include "STATE OF TEXAS", "COUNTY OF DALLAS", and "1900".]

1000

1000

-140

BALTIMORE CITY HEALTH DEPARTMENT

52

996.4

52 996.4 52-24383 CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

Baby Chappell

2. DATE
OF
DEATH

Oct-31-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 118 H 4 W

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

6. Length of stay in Baltimore

7. SEX

female Colored

8. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10-9-52

9. AGE (In years
last birthday)If Under Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Randolph Chappell

14. MOTHER'S MAIDEN NAME

Parthenia Lee

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Congenital Heart Disease;
Tetralogy of Fallot;
Hypoplastic kidney, left;
Cerebral Dysplasia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9-1952 to 10-31-1952, that I last saw the
deceased alive on 10-31-1952, and that death occurred at 11:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25. RECEIVED BY
REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1981

NY

DATE OF DEATH

DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
ALBANY, NEW YORK

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
ALBANY, NEW YORK

DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
ALBANY, NEW YORK

DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
ALBANY, NEW YORK

DEPARTMENT OF HEALTH
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ALBANY, NEW YORK

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ALBANY, NEW YORK

DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
ALBANY, NEW YORK

DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
ALBANY, NEW YORK

324
52 9965BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9965

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			KATHERINE E. MITCHELL			10/30/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland II3I Battery Avenue						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore						D. STREET ADDRESS (If rural, give location) II3I Battery Avenue		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 2/24/91			9. AGE (In years last birthday) 61	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10B. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (State or foreign country) Baltimore		
13. FATHER'S NAME Gustave Wagner						12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.			14. MOTHER'S MAIDEN NAME Anna Fischer		
17. INFORMANT Family - Same						ADDRESS		
18. 170X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Hepatic Carcinoma Lung DUE TO (B) Carcinoma Breast (R). (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION about 5 yrs ago			19B. MAJOR FINDINGS OF OPERATION Carcinoma Breast			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10/15, 1952, to 10/30, 1952, that I last saw the deceased alive on 10/30, 1952, and that death occurred at 11:20 a.m., from the causes and on the date stated above.								
23A. SIGNATURE John C. Schenck			23B. ADDRESS M. D. 1337 S. Charles St.			23C. DATE SIGNED 11/1/52		
24A. BURIAL, CREMATION, REMOVAL (Specify) B			24B. DATE 11/3/52		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR NOV 1 - 1952			REGISTRAR'S SIGNATURE Lorraine Williams, M.D.			25. FUNERAL DIRECTOR James L. McCully - 130 E. Fort Ave.		

530
52 9966

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9966
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Caroline Schmidt*

2. DATE OF DEATH *11.1.52*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *1543 HANOVER ST.*

4. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)
1543 HANOVER ST.

5. SEX *F.*

6. COLOR OR RACE *W.*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *W.*

8. DATE OF BIRTH *12.11.74*

9. AGE (In years last birthday) *77*

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWORK

11. BIRTHPLACE (State or foreign country)
BALTO.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
LOUIS HEINERICH

14. MOTHER'S MAIDEN NAME
MATILDA DEMICK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No*

16. SOCIAL SECURITY NO.

17. INFORMANT
FAMILY - SAME

18. *153X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Carcinoma of Large Intestine
DUE TO
(A) *Carcinoma of Large Intestine*
(B) *Cachexia*
(C) *Myocardial Infarction*

INTERVAL BETWEEN ONSET AND DEATH
2 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12/1*, 19*51*, to *11/1*, 19*52*, that I last saw the deceased alive on *11/1*, 19*52*, and that death occurred at *11:04* a.m., from the causes and on the date stated above.

23A. SIGNATURE
Vincent M. Mesana

23B. ADDRESS
1403 S. Charles St.

23C. DATE SIGNED
11/1/52

24A. BURIAL, CREMATION, REMOVAL (Specify) *B.*

24B. DATE
11.4.52

24C. NAME OF CEMETERY OR CREMATORY
14014 CROSS

24D. LOCATION (City, town or county) (State)
BALTO.

DATE RECEIVED BY LOCAL REGISTRAR
NOV 1 - 1952

REGISTRAR'S SIGNATURE
Wilmington Williams, M.D.

25. FUNERAL DIRECTOR
Geo. L. L. L.

ADDRESS
130 E. Fort Ave.

MEDICAL CERTIFICATION

9520009952

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

<p>NAME OF DECEASED: _____</p> <p>AGE: _____</p> <p>SEX: _____</p> <p>RACE: _____</p> <p>DATE OF BIRTH: _____</p> <p>PLACE OF BIRTH: _____</p> <p>RESIDENT OF BALTIMORE CITY: _____</p> <p>DATE OF DEATH: _____</p> <p>PLACE OF DEATH: _____</p> <p>CAUSE OF DEATH: _____</p>	<p>DECEASED'S RESIDENCE: _____</p> <p>DECEASED'S OCCUPATION: _____</p> <p>DECEASED'S MARITAL STATUS: _____</p> <p>DECEASED'S EDUCATION: _____</p> <p>DECEASED'S RELIGION: _____</p> <p>DECEASED'S SOCIAL SECURITY NUMBER: _____</p> <p>DECEASED'S MEDICAL HISTORY: _____</p> <p>DECEASED'S PREVIOUS ILLNESS: _____</p> <p>DECEASED'S PREVIOUS SURGERY: _____</p> <p>DECEASED'S PREVIOUS TRAUMA: _____</p> <p>DECEASED'S PREVIOUS DRUGS: _____</p> <p>DECEASED'S PREVIOUS ALCOHOL: _____</p> <p>DECEASED'S PREVIOUS TOBACCO: _____</p> <p>DECEASED'S PREVIOUS OTHER: _____</p>
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<p>CAUSE OF DEATH: _____</p> <p>IMMEDIATE CAUSE: _____</p> <p>INTERMEDIATE CAUSE: _____</p> <p>UNDERLYING CAUSE: _____</p> <p>DECEASED'S PHYSICIAN: _____</p> <p>DECEASED'S HUSBAND: _____</p> <p>DECEASED'S WIFE: _____</p> <p>DECEASED'S CHILDREN: _____</p> <p>DECEASED'S PARENTS: _____</p> <p>DECEASED'S SIBLINGS: _____</p> <p>DECEASED'S OTHER RELATIVES: _____</p> <p>DECEASED'S OTHER PERSONS: _____</p> <p>DECEASED'S OTHER INFORMATION: _____</p>	<p>DECEASED'S SIGNATURE: _____</p> <p>DECEASED'S ADDRESS: _____</p> <p>DECEASED'S CITY: _____</p> <p>DECEASED'S STATE: _____</p> <p>DECEASED'S ZIP CODE: _____</p> <p>DECEASED'S PHONE NUMBER: _____</p> <p>DECEASED'S FAX NUMBER: _____</p> <p>DECEASED'S E-MAIL ADDRESS: _____</p> <p>DECEASED'S OTHER CONTACT INFORMATION: _____</p> <p>DECEASED'S OTHER INFORMATION: _____</p>
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9967**

1. NAME OF DECEASED (Type or Print) BERTHA A. CRAIG		2. DATE OF DEATH 10/30/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 5250	
5. LENGTH OF STAY IN BALTIMORE 71 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5716 POPE ST. BROOKLYN A.A.C.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9/26/81
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ltw		10B. KIND OF BUSINESS OR INDUSTRY House	9. AGE (In years last birthday) 71 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
3. FATHER'S NAME ?		11. BIRTHPLACE (State or foreign country) BALTO	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No.		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME ?	
17. INFORMANT Family - Same		ADDRESS	

18. 433.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Peripheral Vascular Collapse DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Paroxysmal Tachycardia DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fever of undetermined etiology		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10/21**, 19**52**, to **10/30**, 19**52**; that I last saw the deceased alive on **10/30**, 19**52**, and that death occurred at **9:45 P** m., from the causes and on the date stated above.

23A. SIGNATURE Walter J. St. Giovanni M. D.		23B. ADDRESS Lutheran Hosp.		23C. DATE SIGNED 10/31/52	
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A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 11.3.52		24C. NAME OF CEMETERY OR CREMATORY Edgar Hill		24D. LOCATION (City, town, or county) (State) BALTO.	
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TE RECEIVED BY Walter J. St. Giovanni		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. L. Kelly		ADDRESS	
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UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness		16. Signature of witness	
17. Signature of witness		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Signature of witness		22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness		28. Signature of witness	
29. Signature of witness		30. Signature of witness		31. Signature of witness		32. Signature of witness	
33. Signature of witness		34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Signature of witness		42. Signature of witness		43. Signature of witness		44. Signature of witness	
45. Signature of witness		46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness		52. Signature of witness	
53. Signature of witness		54. Signature of witness		55. Signature of witness		56. Signature of witness	
57. Signature of witness		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness		64. Signature of witness	
65. Signature of witness		66. Signature of witness		67. Signature of witness		68. Signature of witness	
69. Signature of witness		70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness		76. Signature of witness	
77. Signature of witness		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Signature of witness		82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness		88. Signature of witness	
89. Signature of witness		90. Signature of witness		91. Signature of witness		92. Signature of witness	
93. Signature of witness		94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness		100. Signature of witness	

300
52 9968BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9968

BIRTH NO. <i>Don Res</i>		1. NAME OF DECEASED (Type or Print) <i>Robert James Todd</i>		2. DATE OF DEATH <i>Oct. 31, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Johns Hopkins Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) A. STATE <i>Louisiana</i> B. COUNTY <i>V-16</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>New Orleans</i>			
C. Length of stay in Baltimore <i>1 week</i>		D. STREET ADDRESS (If rural, give location) <i>5732 Wickfield Dr.</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>11-30-1951</i>	9. AGE (In years last birthday) <i>11</i>	10. Under 1 Year Months: Days <i>11</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Louisiana</i>	
13. FATHER'S NAME <i>Wilmer Todd</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>754.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Compensatory myocardial disease</i>		CAUSE OF DEATH (A) <i>Compensatory myocardial disease</i> DUE TO (B) <i>heart disease</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>11 mos.</i>	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>10-30-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Amyloidosis</i>		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/29</i> , 1952, to <i>10/31</i> , 1952, that I last saw the deceased alive on <i>10/31</i> , 1952, and that death occurred at <i>1.05</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Paul M. Taylor</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10-31-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>10/3/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>	
24D. LOCATION (City, town, or county) <i>New Orleans, La.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>		24F. LOCATION (City, town, or county) <i>New Orleans, La.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 1 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i>	
VS 150		BALTO., 13, MD.		<i>52000996</i>	

342
52 9969

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9969
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mabel Adelstein

2. DATE
OF
DEATH

10/31/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

Yrs.
Mos.
Days

4 days

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, (MARRIED)
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Md.

B. COUNTY

Prince George's

C. CITY OR TOWN

University Park

D. STREET ADDRESS (If rural, give location)

6704 Wells Parkway

8. DATE OF BIRTH

Jan. 18, 1900

9. AGE (in years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Montana

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ramsey

14. MOTHER'S MAIDEN NAME

Elizabeth Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Benjamin Adelstein-6704 Wells Pkwy.

University Pk

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebrovascular accident

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition following Gastrectomy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/28, 1952 to 10/31, 1952, that I last saw the deceased alive on 10/31, 1952 and that death occurred at 6 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ray Pryor, M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

10/31/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

11/1/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Washington, D. C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Dickner & Sons.

ADDRESS

NOV 1 - 1952

VS 150

952000996 Balto 17, Md.

"Gastrectomy performed about 6 years ago -- not at this hospital"

11/1/52 ES

450
52 9970

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9970

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Charlie Whalen		Oct. 31, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY	
Balto. City		Md.	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 2003 Bank St		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Balto. 2-01	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2003 Bank St	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Mar. 6-1894
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Cleaner		12. AGE (In years last birthday) 58	
13. FATHER'S NAME L		14. BIRTHPLACE (State or foreign country) Nova Scotia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 219-01-8777	
17. INFORMANT Rose Whalen		ADDRESS 2003 Bank St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 420.1 I DUE TO Coronary Heart Disease		CAUSE OF DEATH Acute Coronary Thrombosis acute ?	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION D		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Oct 30, 1952, to Oct 31, 1952, that I last saw the deceased alive on Oct 31, 1952, and that death occurred at 27 m., from the causes and on the date stated above.			
23A. SIGNATURE J. J. Fialkowski		23B. ADDRESS 2007 Eastern Ave	
23C. DATE SIGNED 11/1/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 4, 1952	
24C. NAME OF CEMETERY OR CREMATORY Balto. National		24D. LOCATION (City, town, or county) Balto. Md.	
25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 2007 Eastern Ave	

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1890

516

52 3971

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3971

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Paul LAMBRIGGER

2. DATE
OF
DEATH

NOV 1 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Jura Hall

4. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

N.Y.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Roscoe

D. STREET ADDRESS (If rural, give location)

5. Length of stay in Baltimore

Yrs.
Mos.
Days

6. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

10-20-36

9. AGE (In years
last birthday)

16

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

STUDENT

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Constantine Lambrigger

14. MOTHER'S M maiden NAME

Julia Eliason

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No, no or unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

12 hrs

16 years

16 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Oct 31, 1952

Congenital Heart Disease

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 10-17-1952 to 11-1-1952, that I last saw the
deceased alive on 11-1-1952 and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE

H. Harold Key, MD

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

EMOVAL

24B. DATE

11/1/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

ROSCOE, N.Y.

(State)

25. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, MD

MULLRICH FUNERAL HOME 2008 ORLEANS ST

VS 150

520009964

1997

416

52 9372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9372

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary A. Schlaffer

2. DATE
OF
DEATH

Oct. 30, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore 20-05

D. STREET ADDRESS (If rural, give location)

2227 Ramsay St.

5. Length of stay in Baltimore

71 yrs

Yrs.
Mos.
Days

6. SEX

FEMALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 13, 1859

9. AGE (In years
last birthday)

92

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.11. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Housewife

12. KIND OF BUSINESS OR
INDUSTRY

Domestic

13. BIRTHPLACE (State or foreign country)

Germany

14. CITIZEN OF
WHAT COUNTRY?

U.S.A.

15. FATHER'S NAME

Unknown

16. MOTHER'S MAIDEN NAME

Unknown

17. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

No

None

18. SOCIAL
SECURITY NO.

None

19. INFORMANT

ADDRESS

Charles Schlaffer 2227 Ramsay St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1 - 1952, to Oct 30, 1952, that I last saw the
deceased alive on Oct 29, 1952, and that death occurred at 6:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Noted R. H. Hirsch

23B. ADDRESS

2151 Wilkes Ave

23C. DATE SIGNED

Oct 30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

25. DATE RECEIVED BY
LOCAL REGISTRAR

Nov 2 - 1952

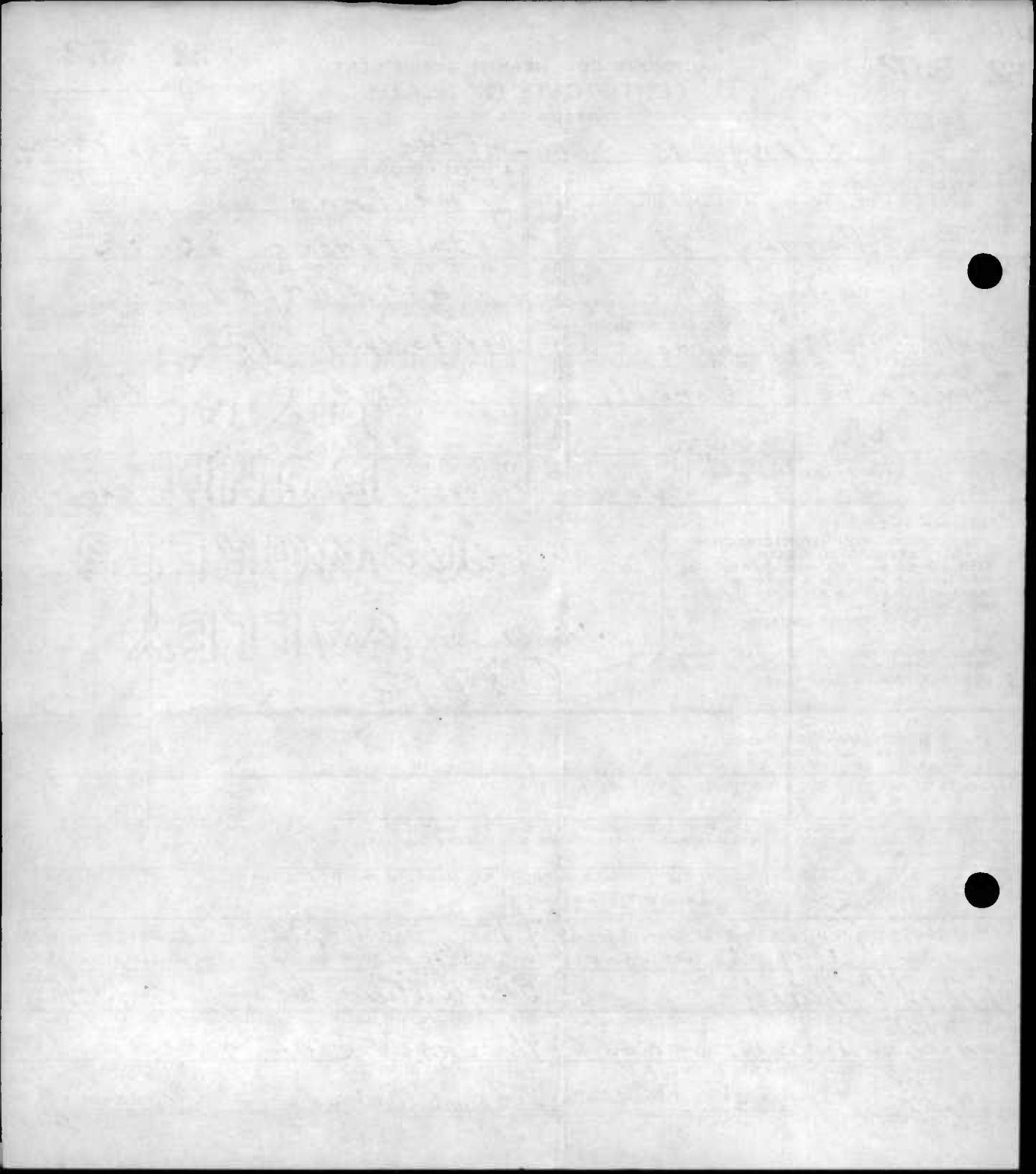
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

GEO. L. Schwab 2101 Frederick Ave

VS 150



453

52 9973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 9973

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

7. D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year

11 Under 24 Hours

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 153x. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

(B) DUE TO

(C) DUE TO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1944 to 11/1, 1952, that I last saw the deceased alive on 11/1/52, 19, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR

ADDRESS

VS 150

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52 9974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 9974

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

7. Length of stay in Baltimore

8. SEX

9. COLOR OR RACE

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

12. KIND OF BUSINESS OR INDUSTRY

13. DATE OF BIRTH

14. AGE (In years last birthday)

15. BIRTHPLACE (State or foreign country)

16. CITIZEN OF WHAT COUNTRY?

17. FATHER'S NAME

18. MOTHER'S MAIDEN NAME

19. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown)

20. SOCIAL SECURITY NO.

21. INFORMANT

22. ADDRESS

23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

24. ANTECEDENT CAUSES

25. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

27. DATE OF OPERATION

28. MAJOR FINDINGS OF OPERATION

29. AUTOPSY?

30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

31. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

33. TIME (Month) (Day) (Year) (Hour) OF INJURY

34. INJURY OCCURRED

35. HOW DID INJURY OCCUR?

36. I hereby certify that I attended the deceased from

37. I last saw the deceased alive on

38. and that death occurred at

39. from the causes and on the date stated above.

40. SIGNATURE

41. DATE SIGNED

42. NAME OF CEMETERY OR CREMATORY

43. LOCATION (City, town, or county) (State)

44. BURIAL, CREMATION, REMOVAL (Specify)

45. DATE

46. REGISTRAR'S SIGNATURE

47. FUNERAL DIRECTOR

48. DATE RECEIVED BY

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
JAMES J. HENRY		45		M		W		JAN 15 1900		NEW YORK CITY	
RESIDENCE		OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		CERTIFICATE NO.		REGISTERED	
100 W. 10th St.		Carpenter		Heart Disease		Natural		1234		Yes	
BORN		DIED		AGE		SEX		RACE		PLACE OF BIRTH	
JAN 1 1855		JAN 15 1900		45		M		W		NEW YORK CITY	
FATHER		MOTHER		SPOUSE		CHILDREN		SISTER		BROTHER	
JAMES J. HENRY		MARY J. HENRY		JANE J. HENRY		JOHN J. HENRY		ELIZABETH J. HENRY		WILLIAM J. HENRY	
EDUCATION		RELIGION		POLITICAL PARTY		MILITARY SERVICE		MARITAL STATUS		PREVIOUS MARRIAGES	
High School		Roman Catholic		Democratic		None		Married		None	
SIGNED		DATE		PLACE		BY		TITLE		OFFICE	
J. J. HENRY		JAN 15 1900		NEW YORK CITY		J. J. HENRY		Physician		Bureau of Vital Records	

Attest: J. J. HENRY, Registrar

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-119512
52 3975

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3975

1. NAME OF DECEASED (Type or Print) Martha Ellen Craig		2. DATE OF DEATH Oct. 11-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
6. Length of stay in Baltimore 80yrs		D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals, 4940 Eastern Ave.	
7. SEX F	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH Dec. 25-1867
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday) 84 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
13. FATHER'S NAME Samuel White		14. BIRTHPLACE (State or foreign country) Ohio	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? ?	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME ?	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		20. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia		22. INTERVAL BETWEEN ONSET AND DEATH 4 days	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
24. DATE OF OPERATION		25. MAJOR FINDINGS OF OPERATION	
26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
28. TIME (Month) (Day) (Year) (Hour) OF INJURY		29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
30. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		31. HOW DID INJURY OCCUR?	
32. I hereby certify that I attended the deceased from 5-7- 19 48 , to 10-11- 19 52 , that I last saw the deceased alive on 10-11- 19 52 , and that death occurred at 5.50 PM. , from the causes and on the date stated above.			
33. SIGNATURE H. C. Johnson		34. ADDRESS 4940 Eastern Ave., Balto., Md.	
35. DATE RECEIVED BY LOCAL REGISTRAR NOV 2-1952		36. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
37. NAME OF CEMETERY OR CREMATORY		38. LOCATION (City, town, or county) (State) UNIVERSITY MEDICAL SCHOOL OCT 27 1952	
39. FUNERAL DIRECTOR		40. ADDRESS	

9520009968

DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

9976

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Benjamin Scott Harris

2. DATE
OF
DEATH

Oct. 9- 1952

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals

4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-12

D. STREET ADDRESS (If rural, give location)

4940 Eastern Ave., Balto., Md.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

SEX M 6. COLOR OR RACE N 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH

July 10- 1861

9. AGE (In years last birthday)

91

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME

George Harris (Dec.

14. MOTHER'S MAIDEN NAME

Rebecca ?

(Dec.

WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

15min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-8-1946, to 10-9-1952 that I last saw the deceased alive on 10-9-1952, and that death occurred at 9.45AM from the causes and on the date stated above.

23A. SIGNATURE

J. C. Johns, M.D.

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

10-23-1952

A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

12-1952

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

UNIVERSITY MEDICAL SCHOOL OCT 27 1952

CERTIFICATE OF DEATH

John Scott Davis

White

1901

White

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White

CAUSE OF DEATH

Ischaemic heart disease

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Ischaemic heart disease

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Ischaemic heart disease

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4913 52 9977

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ernest Wood

2. DATE OF DEATH

Oct. 7, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hospitals

C. Length of stay in Baltimore

28 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 27, 1878

9. AGE (In years last birthday)

74

10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10. B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Wood

14. MOTHER'S MAIDEN NAME

Mary King

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Records: B.C.H., 4940 Eastern Avenue

ADDRESS

18. 151X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the Stomach

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9-26-1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Stomach

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1949, to Oct. 7, 1952 that I last saw the deceased alive on Oct. 7, 1952, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

UNIVERSITY MEDICAL SCHOOL

24D. LOCATION (City, town, or county) (State)

OCT 27 1952

DATE RECEIVED BY LOCAL REGISTRAR

NOV 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS

VS 150

9520209970

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1957-1-15

1. NAME OF DECEASED JAMES EARL RAY		2. SEX Male		3. AGE 35	
4. DATE OF DEATH April 4, 1968		5. TIME OF DEATH 2:01 PM		6. PLACE OF DEATH MEMPHIS, TENNESSEE	
7. CAUSE OF DEATH SHOOTING		8. MANNER OF DEATH Suicide		9. PLACE OF BIRTH MOBILE, ALABAMA	
10. OCCUPATION Attorney		11. EDUCATION High School		12. MARITAL STATUS Single	
13. PREVIOUS ILLNESS None		14. PREVIOUS SURGERY None		15. PREVIOUS TRAUMA None	
16. PREVIOUS DRUGS None		17. PREVIOUS ALCOHOL None		18. PREVIOUS TOBACCO None	
19. PREVIOUS OTHER None		20. PREVIOUS OTHER None		21. PREVIOUS OTHER None	
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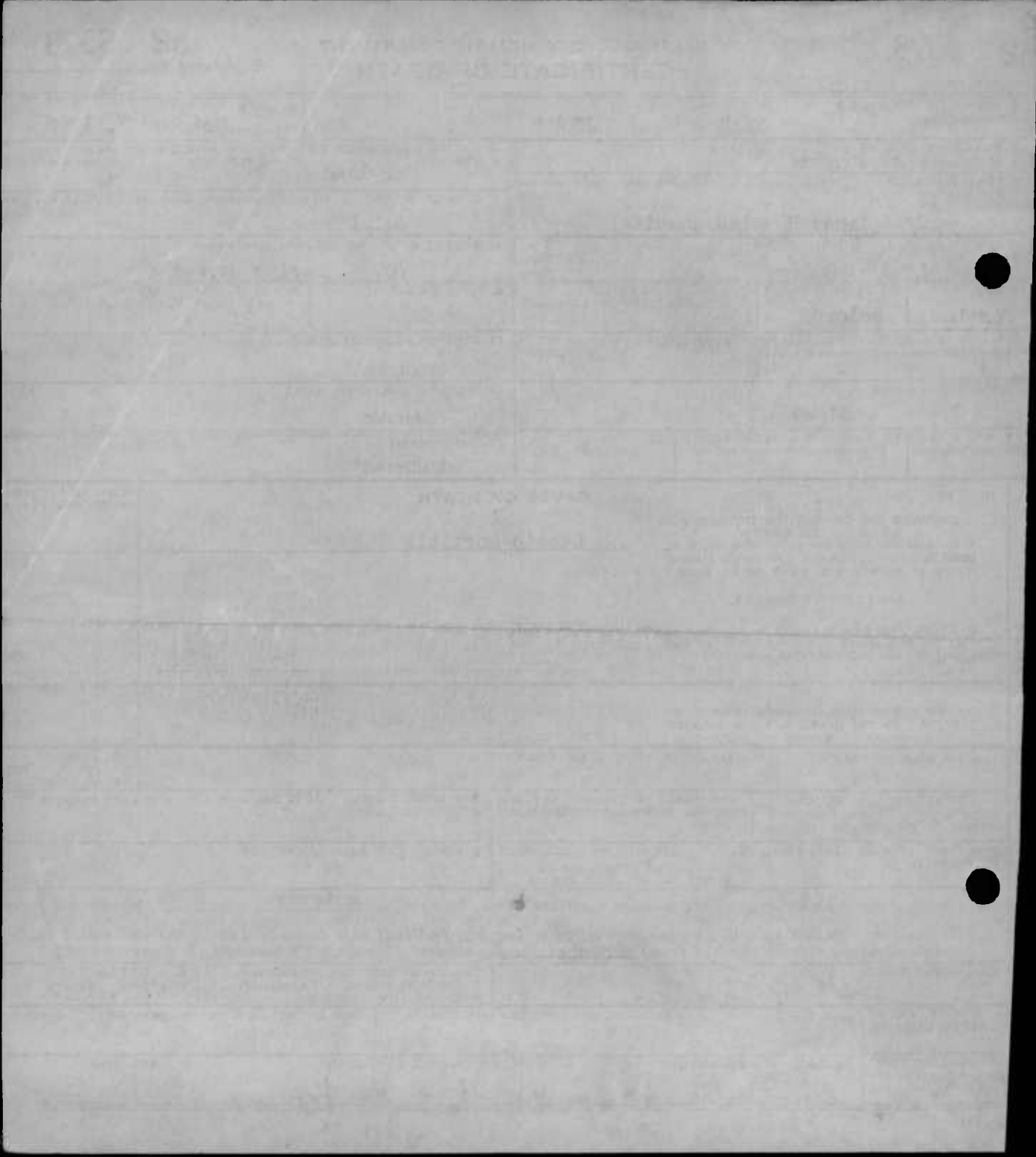
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3978
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ELLA JONES		October 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
			A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Johns Hopkins Hospital			Baltimore 10-02		
D. STREET ADDRESS (If rural, give location)			709 N. Spring Street		
5. SEX			8. DATE OF BIRTH		
female					
6. COLOR OR RACE			9. AGE (In years last birthday)		
colored			31		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			11. BIRTHPLACE (State or foreign country)		
			Unknown		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?		
			Unknown		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Unknown			Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Unknown	

18. 023X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) Luetic aortitis			
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. F. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Oct. 8, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR OCT 2-1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, M.D.</i>	



2-9979
52 3379BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3379

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
LEON ZAROWLEFF		Oct. 7, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		A. STATE Maryland	
c. Length of stay in Baltimore Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-01	
5. SEX male		8. DATE OF BIRTH	
6. COLOR OR RACE white		9. AGE (In years last birthday) 55?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Unknown	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? ✓	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS Unknown	
16. SOCIAL SECURITY NO.			

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
(C) DUE TO		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE R. P. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Oct. 8, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY
				24D. LOCATION (City, town, or county) (State) UNIVERSITY MEDICAL SCHOOL OCT 29 1952

DATE RECEIVED BY LOCAL REGISTRAR NOV 2-1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Huntington Williams, M.D.	ADDRESS
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9520809970

THE UNIVERSITY OF MICHIGAN
LIBRARY

1910-1911

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1910-1911

52 9980

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9980

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CARRIE FRENCH			2. DATE OF DEATH OCT. 31, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-03		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5120 Harford Road		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3/24/93		9. AGE (In years last birthday) 59 10 Under 1 Year Months: 8 Days: 7 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer		10B. KIND OF BUSINESS OR INDUSTRY Department Store		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Julius Lynn			14. MOTHER'S MAIDEN NAME Roberta Cordell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Thomas J. French 5120 Harford Rd	
18. 200.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lymphoid leukemia DUE TO (A) Lymphoid leukemia (B) Giant follicular lymphoplasmoma Lymphosarcoma (C) Lymphosarcoma INTERVAL BETWEEN ONSET AND DEATH 1 month + 2 3/4 years			II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/25, 1952 to 10/31, 1952 that I last saw the deceased alive on 10/31, 1952 and that death occurred at 6:30 P. from the causes and on the date stated above.					
23A. SIGNATURE Richard C. Packert		23B. ADDRESS University Hospital		23C. DATE SIGNED 10/31/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 4, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery Baltimore Md	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Huntington Williams, 5444 Belair Rd. 6		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, 5444 Belair Rd. 6	

VS 150

7 5 2 200 609 7 3

256

52 9982

BIRTH NO.

52 9982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 9982

1. NAME OF DECEASED (Type or Print)

Ronald Michael WISNER

2. DATE OF DEATH

October 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-14

D. STREET ADDRESS (If rural, give location)

1119 Wood Heights Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 29, 1944

9. AGE (In years last birthday)

7

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Earle Franklin Wisner

14. MOTHER'S MAIDEN NAME

Margaret Marie Meade

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Earle F. Wisner

ADDRESS

1119 Woodheights Avenue

18. I

E 812.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of neck

19. ANTECEDENT CAUSES

(B) Fracture of left femur

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES

NO

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

4600 block Roland Avenue 27/14

21D. TIME (Month) (Day) (Year) (Hour)

Oct. 30, 1952 7:15 P. m.

21E. INJURY OCCURRED

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

Struck by police car

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident, suicide, homicide, undetermined.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

Oct. 31, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

NOV 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Burgee Funeral Home

ADDRESS

3631 Falls Road

V S 151

N 805.0

52 9982

Horace F. Burgee

MEDICAL CERTIFICATION

1941

STATE OF NEW YORK

1941

1941

1941

1941

1941

BALTIMORE CITY HEALTH DEPARTMENT				52 9983			
CERTIFICATE OF DEATH				Registered No.			
1. NAME OF DECEASED Type or Print) Ada Idella Parrish				2. DATE OF DEATH November 1, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel			
5. FULL NAME OF HOSPITAL OR INSTITUTION 4335 Falls Road				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Linstead on the Severn			
6. Length of stay in Baltimore 1 week				D. STREET ADDRESS (If rural, give location) Severna Park Post Office 5200			
7. SEX Female		8. COLOR OR RACE White		9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		10. DATE OF BIRTH March 6, 1880	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		12. KIND OF BUSINESS OR INDUSTRY		13. AGE (In years last birthday) 72		14. If Under 1 Year Months: Days Hours: Min.	
15. FATHER'S NAME Henry H. Hymiller		16. MOTHER'S MAIDEN NAME Martha Waltman		17. BIRTHPLACE (State or foreign country) Maryland		18. CITIZEN OF WHAT COUNTRY? U S A	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		20. SOCIAL SECURITY NO. -----		21. INFORMANT Mrs. Helen Bowersox, Linstead on Severn		22. Mary and	
18. 420.1 I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 0				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
22. TIME (Month) (Day) (Year) (Hour) C. INJURY		23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		24. HOW DID INJURY OCCUR?			
25. I hereby certify that I attended the deceased from Oct 29, 1952, to Nov 1st, 1952, that I last saw the deceased alive on Nov 1st, 1952, and that death occurred at 4:50 A.M., from the causes and on the date stated above.							
26. SIGNATURE William F. Helphrich		27. ADDRESS 5006 Roland Ave. 11		28. DATE SIGNED Nov 1st 52			
29. BURIAL, CREMA- N. REMOVAL (Specify) Burial		30. DATE Nov. 4, 1952		31. NAME OF CEMETERY OR CREMATORY Druid Ridge		32. LOCATION (City, town, or county) (State) Pikesville, Maryland	
33. RECEIVED BY JAN 2-1952		34. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		35. FUNERAL DIRECTOR Burgee Funeral Home		36. ADDRESS 3631 Falls Road	
37. VS 150		38. 952000		39. Horace F. Burgee			

52 9984

ABRAMOVITZ
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

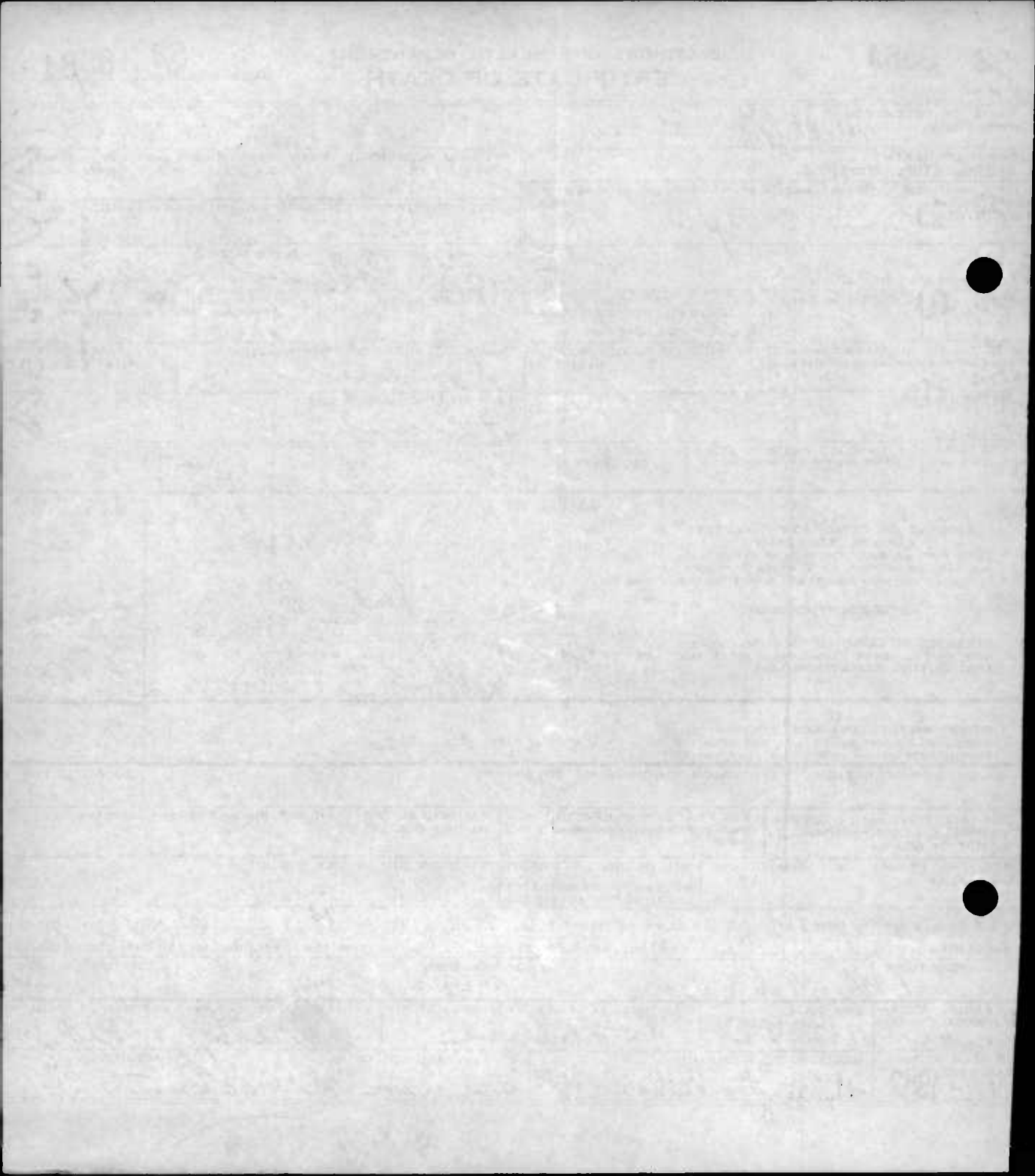
Registered No. 52 9984

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Nathan Abramovitz</i>		2. DATE OF DEATH <i>11-1-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 6-03</i>	
6. Length of stay in Baltimore <i>45</i> Yrs. <i>Mon.</i> <i>Days</i>		D. STREET ADDRESS (If rural, give location) <i>2107 1/2 Collington Ave</i>	
7. SEX <i>M</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH
11. VISUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Harper</i>		12. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Samuel</i>		14. MOTHER'S MAIDEN NAME <i>Hannah</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Fannie Abramovitz</i>		ADDRESS <i>same</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>420.1 I</i> <i>Congestive Heart failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 wks.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(A) Coronary Artery Disease</i> <i>(B) Hypertensive arteriosclerosis</i> <i>(C) Cerebro-vascular disease</i>		<i>4 yrs</i> <i>4 yrs</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Pneumonia?</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/29</i> 19 <i>51</i> to <i>11/1</i> 19 <i>52</i> , that I last saw the deceased alive on <i>11/1</i> 19 <i>52</i> and that death occurred at <i>3:15</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Daniel Bukal</i> M. D.		23B. ADDRESS <i>Sinai Hosp.</i>	
23C. DATE SIGNED <i>11/1/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>11-2-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i>		24D. LOCATION (City, town, or county) (State) <i>Balto MD</i>	
25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>Jack Lewis, Inc 2100 Canton Pl</i>	

VS 150

952980459977



52 9985

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9985

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KAHN Sarah

2. DATE
OF
DEATH11-1-52
Nov. 1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Church Home Hosp

C. Length of stay in Baltimore

50 yrs
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

May 15 1871

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Behr Hirschman

14. MOTHER'S MAIDEN NAME

Bluma Sabiansky

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Kahn Ben, 3717 Bancroft Rd

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

23 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Obesity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1952, to Nov. 1, 1952, that I last saw the
deceased alive on Nov. 1, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 2 - 1952

Huntington Williams, M. Jack Lewis, 2100 Centaur Pl

VS 150

520009

152
52 9986

52 9986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOSEPH ROBINSON		2. DATE OF DEATH 11-1-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY _____			
5. FULL NAME OF HOSPITAL OR INSTITUTION 4918 Ritchfield Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18			
6. Length of stay in Baltimore 60 Yrs. Mon Days		D. STREET ADDRESS (If rural, give location) 4918 Ritchfield Ave			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (In years last birthday) 77	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factor		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rega	
13. FATHER'S NAME Israel		14. MOTHER'S MAIDEN NAME Faga			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Minnie Robinson - Same ADDRESS	
18. 144X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of left breast proven ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Carcinoma of left breast DUE TO proven (B) _____ DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH 4 months	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1949 , to 10/1/52 , 19__, that I last saw the deceased alive on 10/31 , 19__ and that death occurred at 2H m., from the causes and on the date stated above.					
23A. SIGNATURE Michael Lewis		23B. ADDRESS 2320 Eubank M. D.		23C. DATE SIGNED 11-1-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11-2-52		24C. NAME OF CEMETERY OR CREMATORY United Hebrew	
24D. LOCATION (City, town, or county) Balto		24E. STATE MD		25. FUNERAL DIRECTOR 2100 Canton Rd ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 2-1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR 2100 Canton Rd ADDRESS	

MEDICAL CERTIFICATION

9520009979

Kirish

73

RECEIVED
JAN 10 1973

52 3987

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3987

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MAUDE ROSS		Oct. 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE	
University Hospital		Maryland	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
1 YEAR		Baltimore	
D. STREET ADDRESS (If rural, give location)		16-04	
1903 Harlem Avenue			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	colored	MARRIED	10-10
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
HOUSE WIFE			42
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
BALTIMORE, MD.		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
BUNNY COATES		CARRIE ROADES	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
HELEN ANDERSON		2818 WALBROOK AVE	

18. 224X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Pituitary tumor - eosinophil adenoma
DUE TO with giantism and acromegaly

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

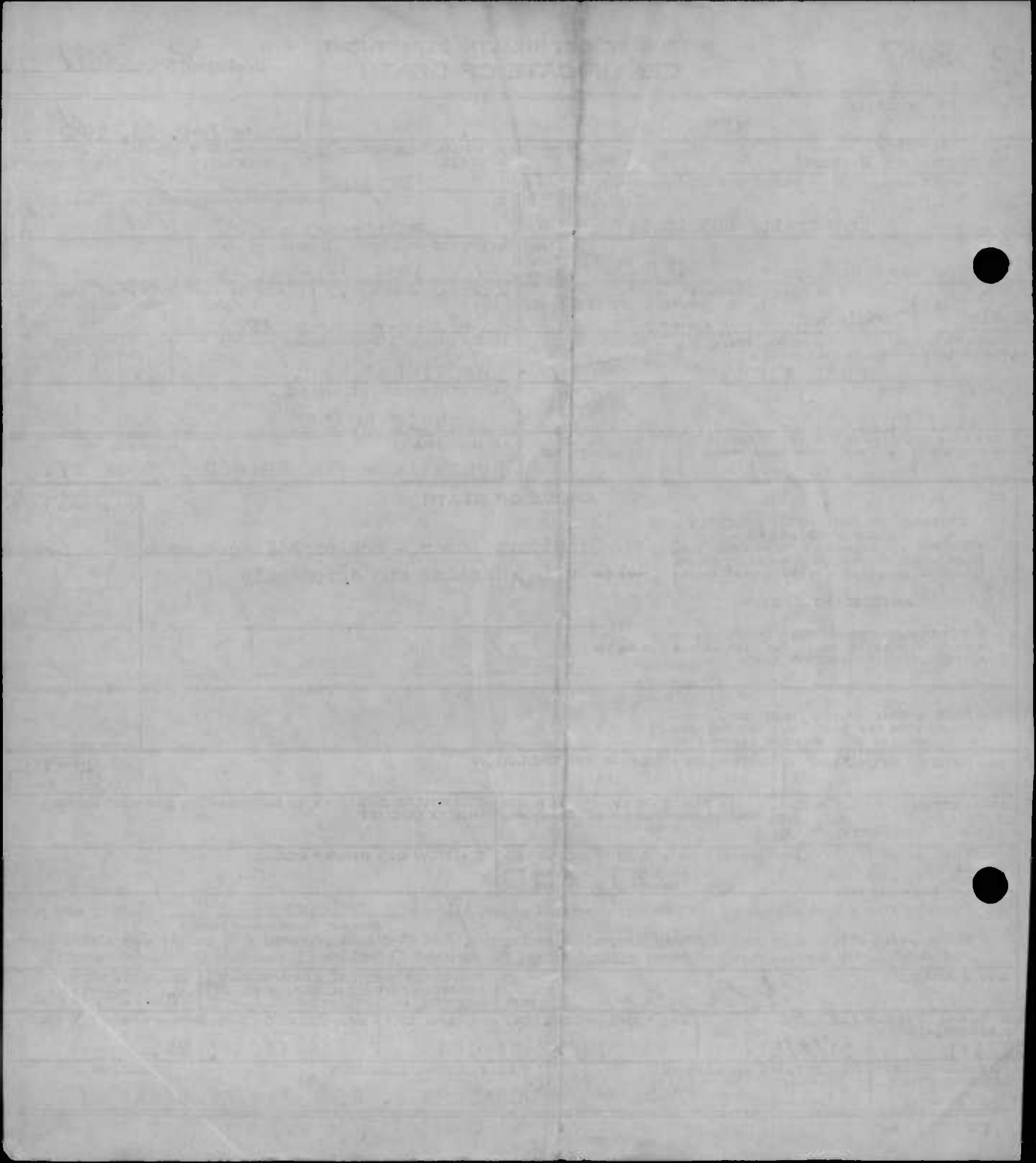
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER... <input type="checkbox"/>		23C. DATE SIGNED
B. Fisher		M.D.		Oct. 29, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
BURIAL	11/3/52	BALTIMORE NATIONAL	BALTIMORE, MD.	
25. FUNERAL DIRECTOR	ADDRESS			
CHARLES A. RICE	661 W. BARRE ST			

520009980



52 9988

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9988

1. NAME OF DECEASED (Type or Print) GEORGE R. MOORE			2. DATE OF DEATH October 29, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-02		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 653 W. Barre Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1/12/1904	9. AGE (In years last birthday) 48	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER			11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		
10b. KIND OF BUSINESS OR INDUSTRY DRUGS			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JAMES MOORE			14. MOTHER'S MAIDEN NAME VERNETTIE BARKLEY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS LILLIAN MOORE 653 W. BARRE ST	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CORONARY OCCLUSION DUE TO generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <i>William V. Rice</i>		23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23c. DATE SIGNED Oct. 30, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/3/52		24c. NAME OF CEMETERY OR CREMATORY MT. AUBURN	
24d. LOCATION (City, town, or county) (State) BALTIMORE, MD.		25. FUNERAL DIRECTOR ADDRESS CHARLES A. RICE 661 W. BARRE ST.			

1950

CERTIFICATE OF DEATH

1950

Name of Deceased		Date of Death	
Sex		Age	
Place of Birth		Usual Residence	
Cause of Death		Manner of Death	
Physician's Signature		Medical Examiner's Signature	
Date of Certificate		Place of Death	
Registrar's Signature		Registrar's Office	
Date of Registration		Place of Registration	

60

52 9989

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9989

Registered No.

NAME OF DECEASED
(Type or Print)

JULIA IRENE COOPER

2. DATE
OF

DEATH OCTOBER 29, 1952

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 108 N. GILMORE STREET

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

108 N. GILMORE STREET

Length of stay in Baltimore

1 EE

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

FEMALE COL.

M

8. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

DOMESTIC

HOME

9. FATHER'S NAME

SAMUEL RINGGOLD

10. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

7/11/1911

9. AGE (in years last birthday)

41

11. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

GEORGIA CARTER

17. INFORMANT

ADDRESS

THELMA JONES 108 N. GILMORE ST.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Oct 1, 1952, to Oct 29, 1952, that I last saw the deceased alive on Oct 27, 1952, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

11/2/19 52

MT. ZION

BALTIMORE, MD.

RECEIVED BY
REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 2-1952

Huntington Williams, M.D.

CHARLES A. RICE 661 W. BARRE ST.

VS 150

95 7208A 9989

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1980

1. Name of Deceased		2. Sex		3. Race		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Medical Examiner		13. Signature of Coroner		14. Signature of Burial Officer		15. Signature of Funeral Home	
16. Signature of Hospital		17. Signature of Cemetery		18. Signature of Undertaker		19. Signature of Burial		20. Signature of Interment	
21. Signature of Burial		22. Signature of Interment		23. Signature of Burial		24. Signature of Interment		25. Signature of Burial	
26. Signature of Interment		27. Signature of Burial		28. Signature of Interment		29. Signature of Burial		30. Signature of Interment	
31. Signature of Burial		32. Signature of Interment		33. Signature of Burial		34. Signature of Interment		35. Signature of Burial	
36. Signature of Interment		37. Signature of Burial		38. Signature of Interment		39. Signature of Burial		40. Signature of Interment	
41. Signature of Burial		42. Signature of Interment		43. Signature of Burial		44. Signature of Interment		45. Signature of Burial	
46. Signature of Interment		47. Signature of Burial		48. Signature of Interment		49. Signature of Burial		50. Signature of Interment	
51. Signature of Burial		52. Signature of Interment		53. Signature of Burial		54. Signature of Interment		55. Signature of Burial	
56. Signature of Interment		57. Signature of Burial		58. Signature of Interment		59. Signature of Burial		60. Signature of Interment	
61. Signature of Burial		62. Signature of Interment		63. Signature of Burial		64. Signature of Interment		65. Signature of Burial	
66. Signature of Interment		67. Signature of Burial		68. Signature of Interment		69. Signature of Burial		70. Signature of Interment	
71. Signature of Burial		72. Signature of Interment		73. Signature of Burial		74. Signature of Interment		75. Signature of Burial	
76. Signature of Interment		77. Signature of Burial		78. Signature of Interment		79. Signature of Burial		80. Signature of Interment	
81. Signature of Burial		82. Signature of Interment		83. Signature of Burial		84. Signature of Interment		85. Signature of Burial	
86. Signature of Interment		87. Signature of Burial		88. Signature of Interment		89. Signature of Burial		90. Signature of Interment	
91. Signature of Burial		92. Signature of Interment		93. Signature of Burial		94. Signature of Interment		95. Signature of Burial	
96. Signature of Interment		97. Signature of Burial		98. Signature of Interment		99. Signature of Burial		100. Signature of Interment	

F-655

52 9990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9990

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ada Eleanor Freyman

2. DATE
OF
DEATH

Oct. 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

4. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION 3017 Frisby St.
Home4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-04

D. STREET ADDRESS (If rural, give location)

3017 Frisby St.

5. Length of stay in Baltimore

Life

Yrs.
Mos.
Days6. COLOR OR RACE 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Female

white

widow

8. DATE OF BIRTH

Mar. 22, 1899

9. AGE (in years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel T. Birmingham

14. MOTHER'S MAIDEN NAME

Ada Reese

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lillian Nixon, 3017 Frisby St.

18. 196x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Failure

48 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cause of Bone

1 year

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from June, 1951, to Oct 31, 1952 that I last saw the
deceased alive on Oct 30, 1952 and that death occurred at 12 noon, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

RECEIVED BY
AL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OV 2-1952

Huntington Williams, M.D.

Howard H. Hubbard, 2503 Edmondson Ave

VS 150

520009983

625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9991

BIRTH NO. 52 9991
51-306281. NAME OF DECEASED
(Type or Print)

Yvonne Garrison

2. DATE
OF
DEATH

10-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

3. FATHER'S NAME

Charles Martin

5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

12-31-51

9. AGE (In years
last birthday)If Under 1 Year
Months: Days

10.

If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Rochelle Garrison

17. INFORMANT

ADDRESS

18. 773.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 10-30, 1952, to 10-30, 1952, that I last saw the
deceased alive on 8 pm 10-30, 1952, and that death occurred at 8:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

RECEIVED BY
REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

12-1952

Huntington Williams, Jr.

Mrs. Frances C. Haysley

578

952000

1890

THE STATE OF NEW YORK

IN SENATE

JANUARY 1890

REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

APRIL 1889

ALBANY:

WEDDERBURN, BROS. & CO.

PRINTERS

1890

NEW YORK:

WILLIAM H. BROWN

BOOKSELLER

MARY GRIMES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3992
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Mary Grimes</i>			2. DATE OF DEATH <i>October 31, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med Od &</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 3-01</i>		
6. Length of stay in Baltimore <i>24 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>103 S. Carolina St.</i>		
7. SEX <i>Female</i>	8. COLOR OR RACE <i>Colored</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	10. DATE OF BIRTH <i>7-14-92</i>		11. AGE (In years last birthday) <i>50</i>
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>			13. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		14. BIRTHPLACE (State or foreign country) <i>Tarboro N.C.</i>
15. FATHER'S NAME <i>Isaac Dunn</i>			16. MOTHER'S MAIDEN NAME <i>Adelaide Mason</i>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>			18. SOCIAL SECURITY NO. _____		
19. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS _____		

1B. <i>443X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>? Myocardial Infarct</i>		<i>? 1 wk</i>
ANTECEDENT CAUSES		DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Hypertensive Arteriosclerosis at least</i>		<i>3 yrs</i>
		DUE TO <i>Coronary Artery Disease</i>		
		(C) _____		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>? Multiple Pulmonary Emboli</i>		INTERVAL BETWEEN ONSET AND DEATH <i>? 3 mo</i>	
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

2. I hereby certify that I attended the deceased from *10-29, 1952*, to *10-31, 1952*, that I last saw the deceased alive on *10-31, 1952*, and that death occurred at *4:30 P.M.*, from the causes and on the date stated above.

3A. SIGNATURE <i>[Signature]</i>	M. D. _____	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>11/1/52</i>
BURIAL, CREMATION, REMOVAL (Specify) <i>cremation</i>	24B. DATE <i>11-4-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St Paul Cme.</i>	24D. LOCATION (City, town, or county) (State) <i>Tarboro N.C.</i>
RECEIVED BY REGISTRAR <i>12-2-1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Thoy Wilson</i>
		ADDRESS <i>1000 Beauty</i>	

5000 100

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased: *John Doe*
2. Sex: *Male*
3. Age: *45*
4. Date of birth: *1930-01-15*
5. Place of birth: *New York, N.Y.*
6. Usual residence: *123 Main St, New York, N.Y.*
7. Date of death: *1975-03-10*
8. Time of death: *10:30 AM*
9. Place of death: *Home*
10. Cause of death: *Heart Disease*
11. Nature of disease: *Coronary Artery Disease*
12. Duration of disease: *10 years*
13. Date of onset: *1965*
14. Date of diagnosis: *1965*
15. Date of treatment: *1965-1975*
16. Name of physician: *Dr. J. Smith*
17. Signature of physician: *[Signature]*
18. Name of registrar: *John Doe*
19. Signature of registrar: *[Signature]*
20. Date of registration: *1975-03-15*

1. Name of deceased: *John Doe*
2. Sex: *Male*
3. Age: *45*
4. Date of birth: *1930-01-15*
5. Place of birth: *New York, N.Y.*
6. Usual residence: *123 Main St, New York, N.Y.*
7. Date of death: *1975-03-10*
8. Time of death: *10:30 AM*
9. Place of death: *Home*
10. Cause of death: *Heart Disease*
11. Nature of disease: *Coronary Artery Disease*
12. Duration of disease: *10 years*
13. Date of onset: *1965*
14. Date of diagnosis: *1965*
15. Date of treatment: *1965-1975*
16. Name of physician: *Dr. J. Smith*
17. Signature of physician: *[Signature]*
18. Name of registrar: *John Doe*
19. Signature of registrar: *[Signature]*
20. Date of registration: *1975-03-15*

CAUSE OF DEATH

1. Name of deceased: *John Doe*
2. Sex: *Male*
3. Age: *45*
4. Date of birth: *1930-01-15*
5. Place of birth: *New York, N.Y.*
6. Usual residence: *123 Main St, New York, N.Y.*
7. Date of death: *1975-03-10*
8. Time of death: *10:30 AM*
9. Place of death: *Home*
10. Cause of death: *Heart Disease*
11. Nature of disease: *Coronary Artery Disease*
12. Duration of disease: *10 years*
13. Date of onset: *1965*
14. Date of diagnosis: *1965*
15. Date of treatment: *1965-1975*
16. Name of physician: *Dr. J. Smith*
17. Signature of physician: *[Signature]*
18. Name of registrar: *John Doe*
19. Signature of registrar: *[Signature]*
20. Date of registration: *1975-03-15*

1. Name of deceased: *John Doe*
2. Sex: *Male*
3. Age: *45*
4. Date of birth: *1930-01-15*
5. Place of birth: *New York, N.Y.*
6. Usual residence: *123 Main St, New York, N.Y.*
7. Date of death: *1975-03-10*
8. Time of death: *10:30 AM*
9. Place of death: *Home*
10. Cause of death: *Heart Disease*
11. Nature of disease: *Coronary Artery Disease*
12. Duration of disease: *10 years*
13. Date of onset: *1965*
14. Date of diagnosis: *1965*
15. Date of treatment: *1965-1975*
16. Name of physician: *Dr. J. Smith*
17. Signature of physician: *[Signature]*
18. Name of registrar: *John Doe*
19. Signature of registrar: *[Signature]*
20. Date of registration: *1975-03-15*

52 9993

52 9993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SADTLER HELEN NORRIS		2. DATE OF DEATH October 31, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Yrs. Mos. Days 12-06		D. STREET ADDRESS (If rural, give location) 2129 N. Charles St., # 18	
7. SEX Female		8. DATE OF BIRTH January-17-1878	
9. COLOR OR RACE White		10. AGE (In years last birthday) 74	
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		14. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. KIND OF BUSINESS OR INDUSTRY None		16. CITIZEN OF WHAT COUNTRY? U. S. A.	
17. FATHER'S NAME Christopher C. Sadtler		18. MOTHER'S MAIDEN NAME Mary E. Brady	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		20. SOCIAL SECURITY NO. None	
21. INFORMANT Robert C. Norris (son) Old Court-Windsor M		22. ADDRESS Old Court-Windsor M	
23. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Accident DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute pulmonary adema H.C.V. Disease			
24. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
25. DATE OF OPERATION 0		26. MAJOR FINDINGS OF OPERATION	
27. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
28. 21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		29. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
30. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		31. 21D. HOW DID INJURY OCCUR?	
32. 21E. TIME (Month) (Day) (Year) (Hour) OF INJURY		33. 21F. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>	
34. 22. I hereby certify that I attended the deceased from 10/31/52 , 19__, to 10/31/52 , 19__, that I last saw the deceased alive on 10/31/52 , 19__ and that death occurred at 8:20Pm. , from the causes and on the date stated above.			
35. 23A. SIGNATURE H. J. Flannery		36. 23B. ADDRESS 1400 N. Caroline St.	
37. 23C. DATE SIGNED 10/31/52			
38. 24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		39. 24B. DATE Nov-3-1952.	
40. 24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		41. 24D. LOCATION (City, town, or county) (State) Baltimore, Maryland.	
42. 25. RECEIVED BY LOCAL REGISTRAR V 2-1952		43. 25. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
44. 25. FUNERAL DIRECTOR Stewart & Mowen Co.,		45. 25. ADDRESS 108 W. North Avenue,	
46. VS 150		47. City #1.	

THE UNIVERSITY OF CHICAGO

October 11, 1950

Dear Sir:

I am writing to you

in regard to the

matter of the

University of Chicago

and the

University of Chicago

and the

University of Chicago

and the

University of Chicago

and the

University of Chicago

and the

University of Chicago

and the

University of Chicago

and the

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University of Chicago

and the

University of Chicago

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52 9994

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9994

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Stephen S. Mann				2. DATE OF DEATH 11-1-52			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-14			
6. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 109 Hawthorne Rd Roland Park			
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		10. DATE OF BIRTH March 23-1879		11. AGE (In years, last birthday) 73	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber business				13. KIND OF BUSINESS OR INDUSTRY Lumber		14. BIRTHPLACE (State or foreign country) Baltimore	
15. CITIZEN OF WHAT COUNTRY? U.S.A.				16. FATHER'S NAME Charles Bernard Mann			
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Unknown				18. SOCIAL SECURITY NO. None		19. INFORMANT Stephen S. Mann, Jr. (son)	
20. ADDRESS 109 Hawthorne Rd							

18. 420.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Myocardial infarction			
DUE TO		(B) Arteriosclerotic heart disease			
ANTECEDENT CAUSES		Complication: congestive failure			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Oct. 16**, 1952, to **Nov. 1**, 1952, that I last saw the deceased alive on **Nov. 1**, 1952, and that death occurred at **9:10 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE W. R. O. Besh		23B. ADDRESS U. M. H.		23C. DATE SIGNED 11-1-52	
24A. BURIAL, CREMA-REMOVAL (Specify) Burial		24B. DATE Nov 3/52		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	
24D. LOCATION (City, town, or county) (State) Pikesville, Maryland		25. FUNERAL DIRECTOR Stewart & Mower Co.		ADDRESS 108 W. North Ave. City #1.	
26. RECEIVED BY 2-1952		REGISTRAR'S SIGNATURE Huntington Williams			

VS 150

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Hawthorne 12-26

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Signature of physician		8. Signature of registrar	
9. Name of informant		10. Address of informant		11. Date of registration		12. Registrar's office	
13. Name of funeral home		14. Address of funeral home		15. Date of burial		16. Burial place	
17. Name of cemetery		18. Address of cemetery		19. Date of interment		20. Interment place	
21. Name of church		22. Address of church		23. Date of service		24. Service place	
25. Name of minister		26. Address of minister		27. Date of service		28. Service place	
29. Name of sexton		30. Address of sexton		31. Date of service		32. Service place	
33. Name of undertaker		34. Address of undertaker		35. Date of service		36. Service place	
37. Name of casket		38. Address of casket		39. Date of service		40. Service place	
41. Name of coffin		42. Address of coffin		43. Date of service		44. Service place	
45. Name of shroud		46. Address of shroud		47. Date of service		48. Service place	
49. Name of pall		50. Address of pall		51. Date of service		52. Service place	
53. Name of hearse		54. Address of hearse		55. Date of service		56. Service place	
57. Name of carriage		58. Address of carriage		59. Date of service		60. Service place	
61. Name of driver		62. Address of driver		63. Date of service		64. Service place	
65. Name of passenger		66. Address of passenger		67. Date of service		68. Service place	
69. Name of witness		70. Address of witness		71. Date of service		72. Service place	
73. Name of witness		74. Address of witness		75. Date of service		76. Service place	
77. Name of witness		78. Address of witness		79. Date of service		80. Service place	
81. Name of witness		82. Address of witness		83. Date of service		84. Service place	
85. Name of witness		86. Address of witness		87. Date of service		88. Service place	
89. Name of witness		90. Address of witness		91. Date of service		92. Service place	
93. Name of witness		94. Address of witness		95. Date of service		96. Service place	
97. Name of witness		98. Address of witness		99. Date of service		100. Service place	

52 9995

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9995
Registered No.

1. NAME OF DECEASED (Type or Print) THOMAS FRANKLIN KOOKEN (MR.)		2. DATE OF DEATH NOV. 1, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) REISTERSTOWN	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 19 ALDYTH AVENUE 5300	
7. SEX MALE	8. COLOR OR RACE WHITE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	10. DATE OF BIRTH JULY 31, 1899
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CORPORATION EXECUTIVE		12. BIRTHPLACE (State or foreign country) OHIO	13. AGE (In years last birthday) 53
14. FATHER'S NAME LOUIS B. KOOKEN		15. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO		17. MOTHER'S MAIDEN NAME ETHEL BLANCHE STOUGHT	
18. SOCIAL SECURITY NO.		19. INFORMANT MRS. EMILY KOOKEN (WIFE)	
20. ADDRESS		SAME	

18. 444X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Acute pulmonary edema DUE TO (B) Essential Hypertension 3+ yrs DUE TO (C) Coronary sclerosis	INTERVAL BETWEEN ONSET AND DEATH 15 min
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19A. DATE OF OPERATION NOV 5 1952	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from OCTOBER 4, 1952 , to NOVEMBER 1, 1952 ; that I last saw the deceased alive on NOV. 1, 1952 , and that death occurred at 11:45 P.M. , from the causes and on the date stated above.		
23A. SIGNATURE Huntington Williams, M.D.	23B. ADDRESS 11 W. 29th St.	23C. DATE SIGNED 11/2/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 5-52	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge
24D. LOCATION (City, town, or county) Pikesville		(State)

DATE RECEIVED BY LOCAL REGISTRAR NOV 3 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR F. Elmer Jones	ADDRESS Pikesville Md
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CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race	
Date of Death		Time of Death		Place of Death		Cause of Death	
Signature of Physician		Signature of Registrar		Signature of Informant		Signature of Witnesses	
Date of Certificate		Time of Certificate		Place of Certificate		Cause of Certificate	

50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3996
Registered No.52 3996
BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDNA BROWN		2. DATE OF DEATH Nov-2-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-01	
D. STREET ADDRESS (If rural, give location) 898 W. Baltimore		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10/3/1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 46
13. FATHER'S NAME Charles N. Brown		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Eva G. Little	
17. INFORMANT Mr. Charles N. Brown		ADDRESS 1806 W. Freedom	

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **LUNG ABSCESS AND**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **EMPHYSEMA DUE TO**

DUE TO

(C) **PULMONARY T.B.**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **PARTIAL AUTOPSY** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

11/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

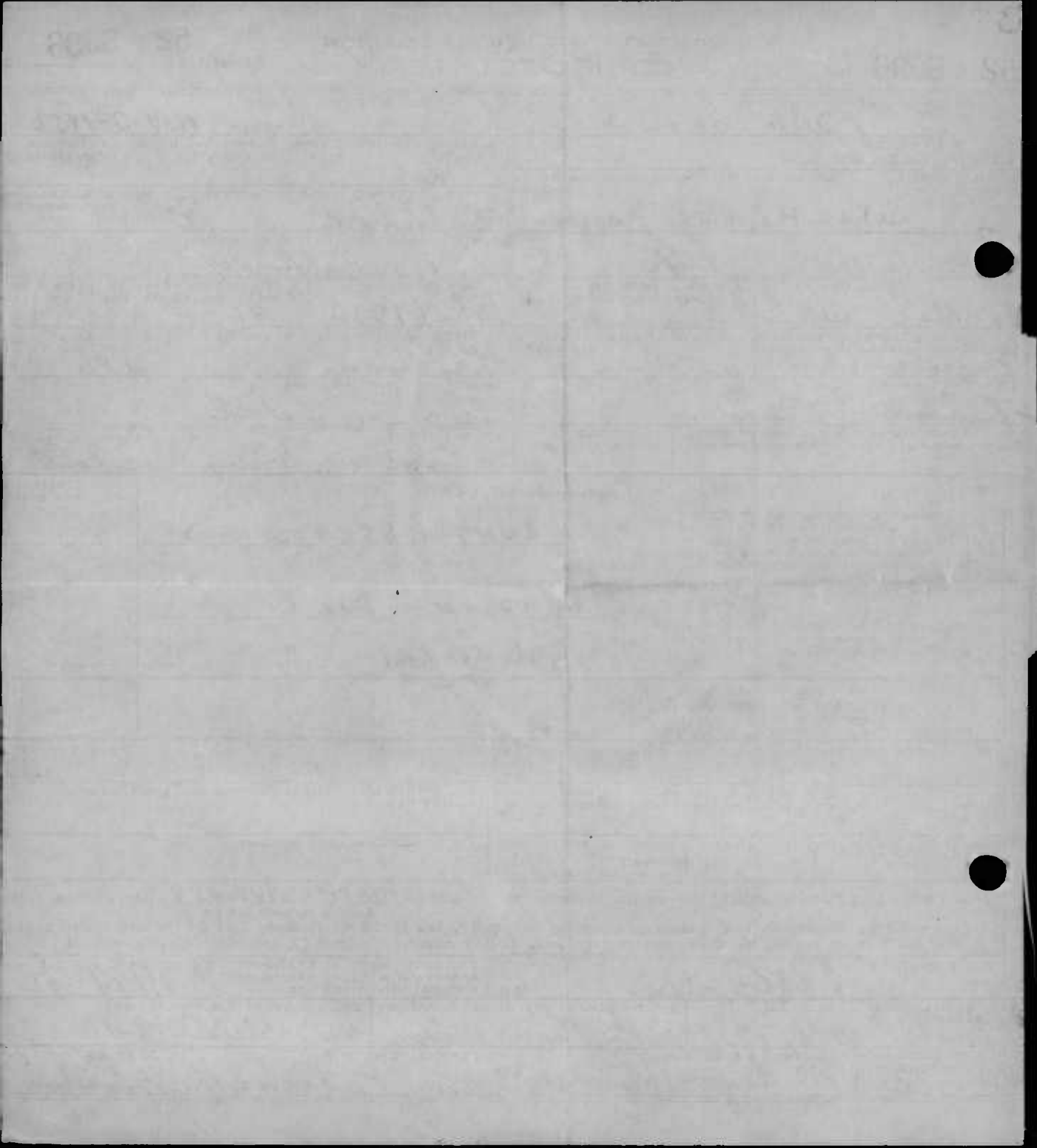
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 3 - 1952**Huntington Williams, M.D.****John J. Cowan & Son****St. Hollins**



322

52 9997

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9997
Registered No.

BIRTH NO. 50-21592

1. NAME OF DECEASED (Type or Print) <i>Joyce P. Stokes</i>			2. DATE OF DEATH <i>Oct 31 52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18-03</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>112 Mt Clare St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>9/30/50</i>	9. AGE (In years last birthday) <i>2</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Alfred B. Stokes</i>			14. MOTHER'S MAIDEN NAME <i>Jeannette C. Smith</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service) <i>Yes, no or unknown</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT ADDRESS <i>Mr Alfred B. Stokes 112 Mt Clare St.</i>		

18. <i>343X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Encephalitis Acute</i>		CAUSE OF DEATH (A) <i>Encephalitis Acute</i> DUE TO <i>etiology undetermined.</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 days.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>-</i> DUE TO (C) <i>-</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <i>11/3/52</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 29</i> , 19 <i>52</i> , to <i>Oct 31</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Oct 31</i> , 19 <i>52</i> , and that death occurred at <i>2:30 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>C. Joseph Tammarelli</i>		23B. ADDRESS <i>910 W. Lombard A.</i>		23C. DATE SIGNED <i>Nov. 1/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/3/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Olivet Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>2930 Frederick Ave</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams, John J. Cowan & Son</i>		24F. ADDRESS <i>28 St.</i>	

DECLARATION OF DEATH

<p>1. Name of deceased: _____</p>		<p>2. Date of death: _____</p>	
<p>3. Place of death: _____</p>		<p>4. Cause of death: _____</p>	
<p>5. Signature of declarant: _____</p>		<p>6. Signature of witness: _____</p>	
<p>7. Signature of physician: _____</p>		<p>8. Signature of coroner: _____</p>	
<p>9. Signature of registrar: _____</p>		<p>10. Signature of clerk: _____</p>	
<p>11. Signature of undertaker: _____</p>		<p>12. Signature of funeral home: _____</p>	
<p>13. Signature of cemetery: _____</p>		<p>14. Signature of burial place: _____</p>	
<p>15. Signature of interment: _____</p>		<p>16. Signature of cremation: _____</p>	
<p>17. Signature of other: _____</p>		<p>18. Signature of other: _____</p>	
<p>19. Signature of other: _____</p>		<p>20. Signature of other: _____</p>	
<p>21. Signature of other: _____</p>		<p>22. Signature of other: _____</p>	
<p>23. Signature of other: _____</p>		<p>24. Signature of other: _____</p>	
<p>25. Signature of other: _____</p>		<p>26. Signature of other: _____</p>	
<p>27. Signature of other: _____</p>		<p>28. Signature of other: _____</p>	
<p>29. Signature of other: _____</p>		<p>30. Signature of other: _____</p>	
<p>31. Signature of other: _____</p>		<p>32. Signature of other: _____</p>	
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<p>95. Signature of other: _____</p>		<p>96. Signature of other: _____</p>	
<p>97. Signature of other: _____</p>		<p>98. Signature of other: _____</p>	
<p>99. Signature of other: _____</p>		<p>100. Signature of other: _____</p>	

-420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3998
Registered No.

52 3998
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN P WALSH			2. DATE OF DEATH 1 Nov 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY BALTIMORE 13-06		
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 13-06		
D. STREET ADDRESS (If rural, give location) 3357 CHESTNUT AVE			E. LENGTH OF STAY IN BALTIMORE 23 Yrs. Mos. Days		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH 23 Dec 1882	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant at Woodstock College			11. BIRTHPLACE (State or foreign country) Pa		
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME JOHN P WALSH SR.		
14. MOTHER'S MAIDEN NAME MARY J EGAN.			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) unknown		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mary Walsh Payne 3530 Fleming Ave Baltimore		
18. 199.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Pittsburgh, Pa. Carcinoma of the 24			INTERVAL BETWEEN ONSET AND DEATH 24		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION Nov		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 28 Oct 1952 to 1 Nov 1952 , that I last saw the deceased alive on 1 Nov 1952 and that death occurred at 6:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE M. J. Buz		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 1 Nov	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/3/52		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 855 N. Calvert St.	

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR
NOV 3 - 1952

VS 150

568008V9901

2000 SF

1000 SF

1000 SF

52 9999

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9999
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EUGENE ANTOINE COURSEY			2. DATE OF DEATH 1 NOV 52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY -		
B. FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND GENERAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-17		
Length of stay in Baltimore 40 Yrs. 40 Mos. Days			D. STREET ADDRESS (If rural, give location) 3027 BELVEDERE AVE		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH JUNE 16 1886		9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10B. KIND OF BUSINESS OR INDUSTRY CY P. Telephone	11. BIRTHPLACE (State or foreign country) VT.		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME U. K.			14. MOTHER'S MAIDEN NAME U. K.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) + (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 213 -03-6806		
			17. INFORMANT ADDRESS 3027 WIFE - Mrs Julia A. Coursey - Kabehe		

18. **602X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH (see Kasper)
(A) **MYOCARDIAL INFARCTION** 15 MIN
DUE TO **8**
(B) **NEPHROLYTHIASIS** 2 DAYS
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

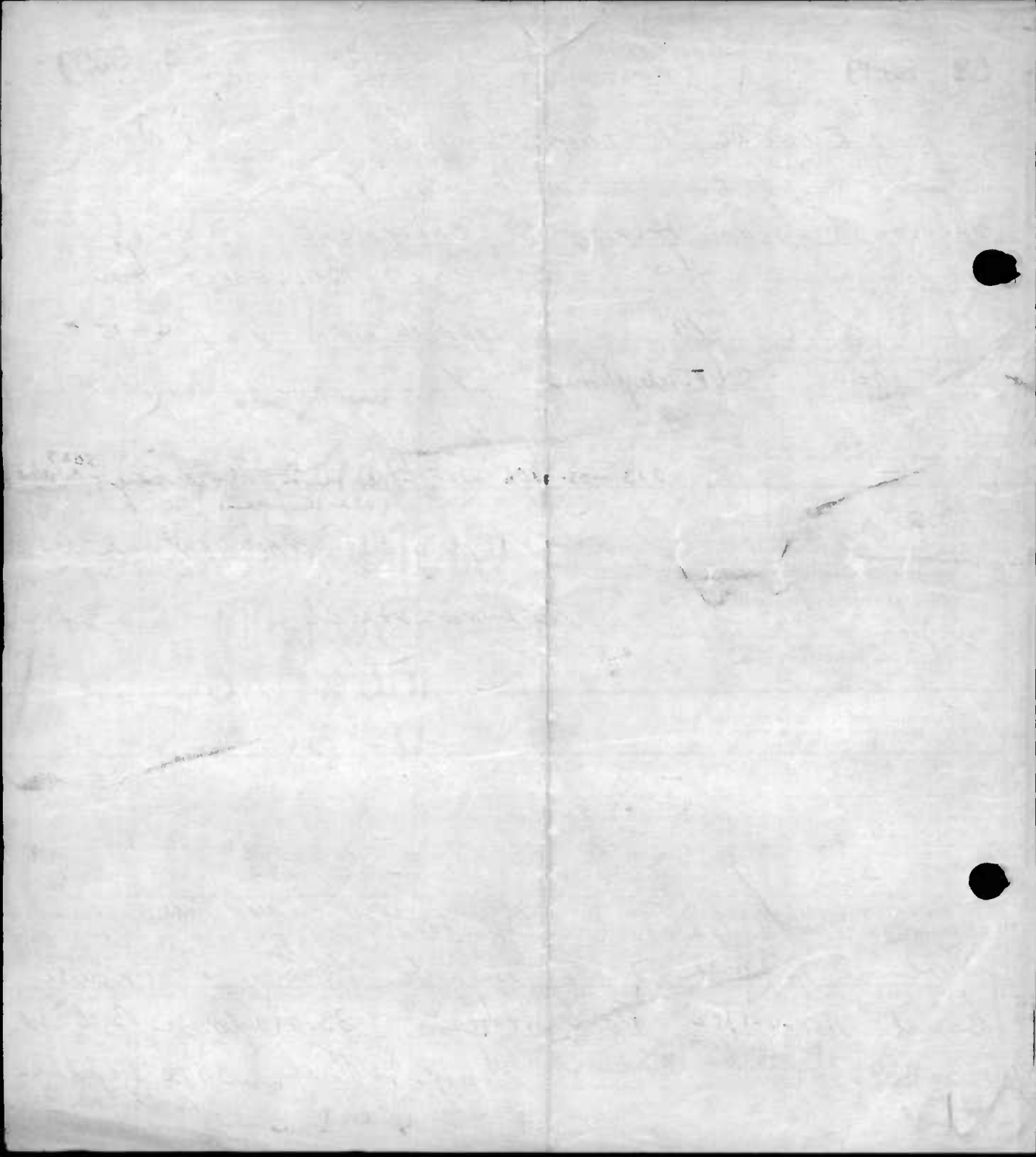
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) -	
21D. TIME (Month) (Day) (Year) (Hour) INJURY -		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? -	

22. I hereby certify that I attended the deceased from **10/30**, 19**52** to **1 NOV**, 19**52**, that I last saw the deceased alive on **1 NOV**, 19**52** and that death occurred at **530 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **John A. Hittner** M. D. 23B. ADDRESS **2nd. Gen. Hosp.** 23C. DATE SIGNED **1 NOV 52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE NOV-4-1952	24C. NAME OF CEMETERY OR CREMATORY Parkwood cem	24D. LOCATION (City, town, or county) (State) 3310 Taylor Ave. Balt. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 3 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS George J. Ruth, Inc. - 1735 Hayfield Ave Baltimore, Md.

6805A 009999



NOT A MEDICAL EXAMINER'S CASE

R. F. Fisher

M.D.

CHIEF OR ASST. MEDICAL EXAMINER